

State's Exhibit "1"

Medical record pages
of Patient #1 and
Patient #3 referenced
during the Hearing

Core Client Information

next visit date	est. due date	age	marital status	pre-preg wt	cur wt	wt gain	BMI	blood type	expecting
11/10/16	11/30/16	34	Married	214	235	21	38	O+	A Boy
GTPAL	VBAC	last normal period	medications	drug and other allergies	latex allergies				
2/1/0/0/1 para 1	Yes	1/27/16	Zantac, Zyrtec	Codeine	No				
problems	platelets	HGB	HCT	rubella antibody	vitamin d 25 oh	white blood cell			
Endometriosis, Chicken Pox, Ovarian cysts	286x 10 ³ /μL	10.2g/dL	35.0%	Equivocal	10 ng/mL	13.3 10e9/L			
absolute immature...	red cell distribution width	mean cell hemoglobin...	red cell distribution width-sd	hemoglobin					
0.12 10e9/L	15.9 %	29.1 g/dL	51.8 fL	10.2 g/dL					
absolute neutrophil count	red blood cell	newborn DOB	EGA by EDD at birth						
9.41 10e9/L	3.93 10e12/L	11/7/16, 6:19 AM	36.5						

Basic Information

city of birth	state of birth	country of birth	language	age	gender		
Midwest City	Oklahoma	United States of America	English	34	Female		
marital status	race/ethnicity	occupation					
Married	White	Realtor					
employer	religion	highest education	living will	organ donor			
Self Employed	Episcopal	BA/BS Degree	No	Yes			
city	county	zip	state/province	country	your primary phone		
Oklahoma City	Oklahoma	73112	Oklahoma	United States of America	mobile		
secondary phone	lives within city limits	do not contact details	s my health info				
other	Yes	No					

Financial Information

payment type	do you receive WIC?
Self Pay	No

Current Pregnancy

are you pregnant?	last normal period	accuracy of date	ultrasound 1 edd	edd based on	est. due date	pre-preg wt
Yes	1/27/16	+/- 1 month	11/30/16	Ultrasound 1	11/30/16	214
expecting	GTPAL	VBAC				
A Boy	2/1/0/0/1 para 1	Yes				

Father of Baby (FOB)

address same as above	state of birth	country of birth
Yes	Oklahoma	United States of America

Past Pregnancies

1st Pregnancy	Fetuses :	Single
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1st Fetus : live birth delivered on 7/27/16 at 41.3 weeks pregnant

gestational age	birth weight	total length of labor	induced	place of delivery	location of delivery
41wks 3days	10lbs 15oz	36hours	No	Hospital	OU Edmond
delivery type	cesarean reason	anesthesia	gender	child still living?	
Cesarean	Ftp, cpd	Spinal	Male	Yes	

Your Mother's History

pregnancies	complications	live births	your birth weight	months you were breastfed
1	Delivered 3 weeks past due date	1	13lbs 11oz	4months

Your Health

cur wt	wt gain	height	BMI	blood type
235	21	5ft 3in	38	O+

medical conditions

Chicken Pox - Active 1/1/87

anesthesia difficulty	blood transfusion	other practitioners	problems
No	No	No	Endometriosis, Chicken Pox, Ovarian cysts

medications or supplements?	medications	drug allergies?
No	Zantac, Zyrtec	Yes

drug allergy:

Codeine 1/1/12 Allergic Reaction

food allergies?	drug and other allergies	latex allergies	typical stress level	source of stress	are you being abused?
No	Codeine	No	Low	Work	No

history of abuse?	do you feel unsafe?
No	No

Gynecologic History

age of 1st period	periods/year	period freq.	period duration	period flow	bleeding bet. periods	irreg. periods
12	12	28	3 - 4 Days	Heavy	No	No

painful periods	details	abnormal pap smear?	have you ever had a mammogram?	have you ever had a breast exam?
Yes	Endometriosis	Yes	No	No

1st intercourse age	# of partners	are you currently monogamous?	do you have pain during intercourse?
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have you ever had any of the following conditions?

Ovarian cysts - Active 1/1/97

Endometriosis - Active 1/1/95

Prenatal Visits

visit date	Wks	Edema	Wt	BP	Pulse	FH	Fe...	FHT	Protei...	Int. Exam	Labs
4/11/16, 3:15 PM	6.5	None	214	136/84	78	Below	N/A	N/A	Neg / Neg	No	Yes
supervised by Dawn Karlin	performed by Dawn Karlin	visit type In Person - Office		visit duration 45		headaches No		visual disturbances No		dizziness No	
fainting No	GI signs/symptoms No	dysuria (S&S of UTI) No		abnormal vaginal discharge No			bleeding No		Back/hip/pub. pain No		
itchiness No	leg cramps No	varicose veins No	injuries No	Pre-E signs/symptoms No		Emotional/Mental status Normal			fatigue Yes		nausea Yes
vomiting No	fever of 101 or more No	other No	contractions None	FM -	administered Rhogam No	performed urine test Yes			ketones Neg		
nitrites Neg	leukocytes Neg	color Light	clarity Clear	blood Neg	ph 5	had physical exam Yes		HEENT Normal	lungs Normal	extremities & skin Normal	heart Normal
abdominal & back Normal		neuro Normal	breasts comments Deferred		genitourinary comments Deferred			pap performed No		labs ordered Yes	
lab ordered details Prenatal Panel		ultrasound ordered Yes		ultrasound ordered notes Will schedule with ultrasound unlimited next week					meds/supplements No		
payment comments			next visit date 5/9/16, 2:30 PM								

comments

S: Saw today for new ob appt. Reports a little nausea and fatigue, otherwise has been feeling good. Denies vb or cramping. Desiring homebirth and seeking midwifery care.

O: see flowchart

A: 32yo G2P1001 w/IUP at 10w5d by uncertain LMP, scwd, hx c/s x1 desiring vbac

P: Discussed midwifery care, diet and exercise for pregnancy and recommended weight gain, discussed monitoring carb intake due to size of last baby. Questions answered, consents emailed for review. New ob labs and vitamin d level today. Reviewed 1st trimester precautions. Will rtc 4wks or sooner Pm. Will call to schedule dating u/s.

signed off by

Dawn Karlin on 6/6/16, 2:16 PM

6/2/16, 3:11 PM	14.1	None	217	128/78	B2	Cwd	N/A	160	Neg / Neg	No	No		
supervised by Dawn Karlin	performed by Dawn Karlin	assisted by Brandy Harris	visit type In Person - Office	visit duration 45	headaches No	visual disturbances No	dizziness No	fainting No	GI signs/symptoms No	dysuria (S&S of UTI) No	abnormal vaginal discharge No	bleeding No	
Back/hip/pubis pain No	itchiness No	leg cramps No	varicose veins No	injuries No	Pre-E signs/symptoms No	Emotional/Mental status Normal	fatigue No	nausea No	vomiting No	fever of 101 or more No	other No	contractions None	FM Maybe a week or two ago
administered Rhogam No	performed urine test Yes	ketones Neg	nitrites Neg	leukocytes Neg	color Concentrated	clarity Cloudy	blood Neg	ph 5	had physical exam No	labs ordered No	ultrasound ordered No	meds/supplements No	next visit date 7/1/16, 9:00 AM

comments

S: Saw for 4wk RTO appt. Overall has been feeling good. Denies vb or cramping.

O: see flowchart

A: 32yo G2P1001 w/IUP at 14w1d by 1st trimester u/s, scwd, hx c/s x1 desiring vbac

P: Reviewed 2nd trimester precautions. Questions answered. Will rtc 4wks or sooner Pm.

7/1/16, 9:23 AM	18.2	None	220	116/74	92	Cwd	N/A	150	Trace / Neg	No	No				
supervised by Dawn Karlin	performed by Dawn Karlin	visit type In Person - Office	visit duration 50	headaches No	visual disturbances No	dizziness No	fainting No	GI signs/symptoms No	dysuria (S&S of UTI) No	abnormal vaginal discharge No	bleeding No	Back/hip/pubic pain No			
itchiness No	leg cramps No	varicose veins No	injuries No	Pre-E signs/symptoms No	Emotional/Mental status Normal	fatigue No	fever of 101 or more No	other Yes	other comments ... accidentally hit her in the right eye orbit with the tv remote, had pain for 5days, feeling better now						
contractions None	FM +	administered Rhogam No	performed urine test Yes	ketones Neg	nitrites Neg	leukocytes Neg	color Concentrated	clarity Clear	blood Neg	ph 5	had physical exam No	labs ordered No	ultrasound ordered No	meds/supplements No	next visit date 7/28/16, 10:30 AM

comments

S: Saw today for 4wk RTO appt. Overall has been feeling good. Appetite has been low. Feeling some stretching in lower abd. Denies vb or cramping.

O: see flowchart

A: 32yo G2P1001 w/IUP at 18w2d by 1st trimester u/s, scwd, hx c/s x1 desiring vbac

P: Reviewed 2nd trimester precautions. Questions answered. Will rtc 4wks or sooner Pm.

7/28/16, 10:56 AM	22.1	None	225	129/81	92	24.5	N/A	150	+1 / Neg	No	No	
supervised by Dawn Karlin	performed by Dawn Karlin	assisted by Brandy Harris	visit type In Person - Office	visit duration 35	headaches No	visual disturbances No	dizziness No	fainting No	GI signs/symptoms No	dysuria (S&S of UTI) No	abnormal vaginal discharge No	bleeding No
Back/hip/pubis pain No	itchiness No	leg cramps No	varicose veins No	injuries No	Pre-E signs/symptoms No	Emotional/Mental status Normal						

Patient # 1

Moments of Bliss Midwifery Services LLC

fatigue Yes	fever of 101 or more No	other No	contractions None	FM +	administered Rhogam No	performed urine test Yes	ketones +1
nitrites Neg	leukocytes Neg	color Concentrated	clarity Clear	blood Neg	ph 5	had physical exam No	labs ordered No
meds/supplements No		payment comments Will pay next visit		next visit date 8/24/16, 10:00 AM			

comments
S: Saw today for 4wk RTO appt. Reports fatigue. Appetite has increased. Had an ultrasound, forgot to bring report, will scan and email to me. Denies vb or cramping.
O: see flowchart
A: 32yo G2P1001 w/IUP at 22w1d by 1st trimester u/s, scwd, hx c/s x1 desiring vbac
P: Reviewed 2nd trimester precautions. Questions answered. Will rtc 4wks or sooner Pm. 1hr gs, CBC, vitamin d level next visit.
signed off by
Dawn Karlin on 7/28/16, 11:40 PM

Prenatal Visits

visit date	Wks	Edema	Wt	BP	Pulse	FH	Fe...	FHT	Protal...	Int. Exam	Labs
8/24/16, 10:11 AM	26.0	None	227	126/81	96	29	N/A	131	Trace / Neg	No	Yes
supervised by Dawn Karlin		performed by Dawn Karlin		assisted by Brandy Harris		visit type In Person - Office		visit duration 60		headaches No	
visual disturbances Needing to wear glasses		dizziness No		fainting No		GI signs/symptoms No		dysuria (S&S of UTI) No		visual disturbances No	
abnormal vaginal discharge No		bleeding No		Back/hip/pubi pain No		itchiness Yes		leg cramps No		varicose veins No	
itchiness comments PUPPS- encouraged dandelion 2capsules 3x daily, Zyrtec once or twice a day.		Emotional/Mental status Normal		fatigue No		nausea No		vomiting No		fever of 101 or more No	
Pre-E signs/symptoms No		contractions None		FM ++		administered Rhogam No		performed urine test Yes		ketones Trace	
nitrites Neg		leukocytes Neg		color Concentrated		clarity Clear		blood Trace		ph 5	
s.g. 1.025		had physical exam No		labs ordered Yes		lab ordered details Other		labs ordered notes 1hr gs, CBC, vitamin d level			
ultrasound ordered No		meds/supplements No		payment entered under billing? Yes		next visit date 9/22/16, 11:00 AM					
<p>comments S: Saw today for 4wk RTO appt. PUPPS is increasingly bothersome, is all over. Denies vb or cramping. O: see flowchart A: 32yo G2P1001 w/IUP at 26w0d by 1st trimester u/s, scwd, hx c/s x1 desiring vbac P: Reviewed 2nd trimester precautions. Questions answered. Recommended dandelion and Zyrtec for PUPPS itching. Will rtc 4wks or sooner pm. 1hr gs, CBC, vitamin d level today. signed off by Dawn Karlin on 8/24/16, 11:32 AM</p>											
9/22/16, 10:58 AM	30.1	None	232	114/67	101	31	Breech	144	Neg / Neg	No	No
supervised by Dawn Karlin		performed by Dawn Karlin		assisted by Brandy Harris		visit type In Person - Office		visit duration 45		headaches No	
visual disturbances Vision is a little worse, thinks glasses prescription has changed		dizziness No		fainting No		GI signs/symptoms Yes		abnormal vaginal discharge No		bleeding No	
GI comments A little regurgitation if eats too much at one time		dysuria (S&S of UTI) No		Back/hip/pubi pain No		itchiness No		leg cramps No		varicose veins No	
Pre-E signs/symptoms No		Emotional/Mental status Normal		injuries No		contractions None		FM ++		administered Rhogam No	

Patient # 1

Moments of Bliss Midwifery Services LLC

fatigue	nausea	vomiting	fever of 101 or more	other	contractions	FM	administered Rhogam
Yes	No	No	No	No	None	++	No
performed urine test	ketones	nitrites	leukocytes	color	clarity	blood	ph
Yes	+1	Neg	Neg	Light	Clear	Neg	6
labs ordered	ultrasound ordered	meds/supplements	payment entered under billing?	next visit date			
No	No	No	Yes	10/17/16, 12:00 PM			
comments				signed off by			
S: Saw lay for 4wk RTO appt. PUPPS is doing better, Zyrtec is helping. Denies vb or lof.				Dawn Karlin on 9/22/16,			
O: see flowchart				11:28 AM			
A: 32yo G2P1001 w/IUP at 30w1d by 1st trimester u/s, scwd, hx c/s x1 desiring vbac							
P: Reviewed 3rd trimester precautions. Questions answered. Will rtc 2-3wks or sooner pm.							

Prenatal Visits

visit date	Wks	Edema	Wt	BP	Pulse	FH	Fe...	FHT	Protel...	Int. Exam	Labs
10/17/16, 12:15 PM	33.5	None	235	119/81	102	34	LOA	136	Neg / Neg	No	No
supervised by		performed by		assisted by		visit type		visit duration		headaches	
Dawn Karlin		Dawn Karlin		Brandy Harris		In Person - Office		50		Yes	
headache comments				visual disturbances		dizziness		fainting		GI signs/symptoms	
A few headaches, go away with rest				No		No		No		No	
dysuria (S&S of UTI)		abnormal vaginal discharge		bleeding		Back/hip/pubis pain		itchiness		leg cramps	
No		No		No		No		No		No	
varicose veins		injuries		Pre-E signs/symptoms		Emotional/Mental status		fatigue		nausea	
No		No		No		Normal		Yes		No	
fever of 101 or more		other		contractions		FM		administered Rhogam		performed urine test	
No		No		Occasional		++		No		Yes	
leukocytes		color		clarity		blood		ph		s.g.	
Neg		Light		Clear		Neg		6.5		1.010	
had physical exam		labs ordered		ultrasound ordered							
No		No		No							
meds/supplements		payment entered under billing?		next visit date							
No		Yes		11/10/16, 7:00 PM							
comments											
S: Saw lay for 3wk RTO appt. PUPPS is much better, not needing Zyrtec daily anymore. Denies vb or lof.											
O: see flowchart											
A: 32yo G2P1001 w/IUP at 33w5d by 1st trimester u/s, scwd, hx c/s x1 desiring vbac											
P: Reviewed 3rd trimester precautions, s/sx pt, and daily fmc. Questions answered. Will f/u with home visit in 3wks or sooner pm.											
signed off by											
Dawn Karlin on 10/17/16, 12:50 PM											
11/3/16, 7:05 PM	36.1						ROT	152			
supervised by		performed by		visit type		FM					
Dawn Karlin		Dawn Karlin		In Person - Home		++					
comments											
Went by to check on , she reports that after having a nap this afternoon UC have spaced out, become irregular and mild like Braxton hicks. States that she is disappointed. I encouraged her that baby would come when he is ready and that this extra time helps his lungs have time to develop. Home visit scheduled for next Thursday. She will call with any questions or concerns or labor before then.											
signed off by											
Dawn Karlin on 11/6/16, 11:19 AM											
11/5/16, 2:00 PM	36.3	None		118/80	88		ROA	148		No	No
supervised by		performed by		visit type		visit duration		FM		EFW	
Dawn Karlin		Brandy Harris		In Person - Home		30		++		9	
administered Rhogam											
No											
performed urine test		had physical exam		labs ordered		ultrasound ordered		meds/supplements			
No		No		No		No		No			

comments

Arrived at house after reports concerns of decreased fetal movements in the last 24 hours and irregular but painful UC. Upon further questioning she states that she has been using the breast pump in the last 36 hours to encourage labor to pick up.

VSS no s/sx distress see flow chart. Declined VE.

Recommended continued rest, nourishment, hydration and normal daily activity along with miles circuits and pelvic rocks to encourage better fetal positioning. Requested she abstain from pumping and allow her body and her baby to set the pace.

Confirmed scheduled home visit for Thursday and will call with further concerns or labor before then.

signed off by

Dawn Karlin on 11/6/16, 11:19 AM

Prenatal Visits

visit date	Wks	Edema	Wt	BP	Pulse	FH	Fe...	FHT	Protei...	Int. Exam	Labs
11/6/16, 9:44 AM	36.4	Mild		104/75	105	38	ROA	143		2, 50%	No
supervised by	performed by	visit type	visit duration	headaches	visual disturbances	dizziness					
Dawn Karlin	Dawn Karlin	In Person - Home	50	No	No	No					
fainting	GI signs/symptoms	dysuria (S&S of UTI)	abnormal vaginal discharge	VD comments							
No	No	No	Yes	Bloody mucous plug on Friday							
bleeding	Back/hip/public pain	itchiness	leg cramps	varicose veins	injuries	Pre-E signs/symptoms					
No	Yes	No	No	No	No	No					
Emotional/Mental status	Emotional/Mental status comments	fatigue	nausea	vomiting	fever of 101 or more						
Abnormal	Feeling discouraged, anxious, exhausted	Yes	No	No	No						
other	contractions	temp	FM	EFW	administered Rhogam	performed urine test	fetal station	had physical exam			
No	Frequent	97.3	++	9lb	No	No	-4	No			
labs ordered	ultrasound ordered	meds/supplements	next visit date								
No	No	No	11/10/16, 7:00 PM								
comments											
S: Saw today for home visit. She reports not sleeping well for past 4 nights due to frequent UC which she describes as mild to moderate and is tired and discouraged. She also reports overall feeling achy and possibly having virus with temp of 100.5 yesterday evening.											
O: see flowchart, Vss, temp normal at 97.3											
A: 33yo G2P1001 w/IUP at 36w4d by 1st trimester u/s, hx c/s x1 desiring vbac											
P: Reviewed 3rd trimester precautions, s/sx ptl, and daily fmc. Questions answered. Offered to transfer care to Ob/gym at her request if desired, she declines at this time. Will f/u with home visit on Thursday or sooner pm.											
Encouraged black haw bark to relax uterus so she can rest. Two doses taken while I am here. Reviewed dosing is 1 dropperfull every 20min for up to 3 doses if needed. Also recommended valerian root 400-500mg Po qhs for sleep.											
After my visit, she reports spirits are up and she feels better.											
signed off by											
Dawn Karlin on 11/6/16, 1:08 PM											

Phone/Email/Texts

contact date	Wks	visit type	notes
11/7/16, 4:22 AM	36.5	Phone	Received call from reporting water breaking initially clear, "coming out like a faucet..."
performed by	notes		
Dawn Karlin	Received call from reporting water breaking initially clear, "coming out like a faucet" and then dark Midwife en route to their home at 0430.		
signed off by			
Dawn Karlin on 11/9/16, 2:05 PM			
11/7/16, 5:00 AM	36.5	Phone	Receiving texts that there is lots of brown poop. Recommended go to hospital and I...
performed by			
Dawn Karlin			

notes

Receiving texts that there is lots of brown poop. Recommended go to hospital and I will meet them there instead of at their home.

PS- screen shots of texts and call log uploaded into chart.

signed off by

Dawn Karlin on 11/9/16, 2:05 PM

Lab Result

signed off by Dawn Karlin on 8/25/16, 2:02 PM

labs drawn date	lab title	lab is for	Wks	report status	external pt. id	internal ref. id
8/24/16	Final results from RML for VIT D TOTL	Mom	26.0 GA	Final		
collected date	received by lab date	results reported date				
8/24/16, 8:39 PM	8/25/16, 12:08 AM	8/25/16, 1:32 AM				1, Female
lab ordered by	vitamin D					
DAWN KARLIN	10					

group

VIT D TOTL

site	status	test	vitamin d 25 oh	status	range
4142 S Mingo Rd. CP...	Final	Vitamin D 25 OH	10 ng/mL	Below low normal	30-100

notes

***** Notes Begin *****

*** Fluorescein dye has been shown to affect the Vitamin D assay and results may be falsely elevated. Patients that have had a procedure using this dye should be deferred 72 hours prior to blood samples drawn for this assay.
 *** Test performed at RML Tulsa Central Lab, CLIA# 37D2031514
 *** 4144 S. Mingo, Tulsa, OK 74146
 ***** Notes End *****

Lab Result

signed off by Dawn Karlin on 8/25/16, 2:13 PM

labs drawn date	lab title	lab is for	Wks	report status
8/24/16	Final results from RML for GLUC 1 HR	Mom	26.0 GA	Final
collected date	received by lab date	results reported date		
8/24/16, 8:39 PM	8/25/16, 12:09 AM	8/25/16, 1:11 AM		Female
lab ordered by	lab order comments	1hr glucose tolerance		
DAWN KARLIN	Did glucola	131		

group

GLUC 1 HR

site	status	test	result	status	range
4142 S Mingo Rd. CP...	Final	Glucose 1 Hour	131 mg/dL	-	70-135

notes

***** Notes Begin *****

*** Interpretative data is available online at:
 *** www.rmlonline.com/interp
 *** Enter Test Number: 2012650
 *** Test performed at RML Tulsa Central Lab, CLIA# 37D2031514
 *** 4144 S. Mingo, Tulsa, OK 74146
 ***** Notes End *****

Lab Result

signed off by Dawn Karlin on 8/25/16, 2:03 PM

labs drawn date	lab title	lab is for	Wks	report status
8/24/16	Final results from RML for CBC	Mom	26.0 GA	Final
collected date	received by lab date	results reported date		
8/24/16, 8:39 PM	8/25/16, 12:09 AM	8/25/16, 12:31 AM		Female
lab ordered by	HGB	HCT	platelets	WBC
DAWN KARLIN	10.2g/dL	35.0%	286x 10 ³ /μL	13.3x 10 ³ /μL

Moments of Bliss Midwifery Services LLC

site	status	test	result	status	range
4142 S Mingo Rd. CP...	Final	Absolute Monocyte Count	1.04 10e9/L	Above high normal	0.20-0.80
site	status	test	result	status	range
4142 S Mingo Rd. CP...	Final	Absolute Eosinophil Count	0.41 10e9/L	-	0.00-0.45
site	status	test	result	status	range
4142 S Mingo Rd. CP...	Final	Absolute Basophil Count	0.11 10e9/L	-	0.00-0.20
site	status	test	result	status	range
4142 S Mingo Rd. CP...	Final	Absolute Immature	0.06 10e9/L	-	0.00-0.10

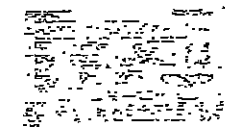
notes

***** Notes Begin *****
 *** Test performed at RML Tulsa Central Lab, CLIA# 37D2031514
 ***** Notes End *****

Ultrasound

signed off by Dawn Karlin on 11/3/16, 10:47 AM

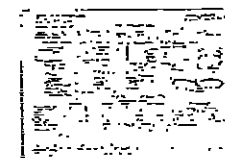
ultrasound date	ultrasound title	EGA (LNMP)	EGA (AUA)	EDC (LNMP)	EDC (AUA)
7/20/16	2nd trimester	25w0d	22w3d	11/2/16	11/20/16
FHT	fetal position	placenta	fetal anatomy	expecting	performed by
165	Breech	Anterior	Normal	A Boy	Ultrasound unlimited



Ultrasound

signed off by Dawn Karlin on 11/3/16, 10:48 AM

ultrasound date	ultrasound title	EGA (LNMP)	EGA (AUA)	EDC (LNMP)	EDC (AUA)	FHT	performed by
5/5/16	1st trimester	14w1d	10w1d	11/2/16	11/30/16	176	Ultrasound unlimited



Medications

added on	status	prescribed on	discontinued on	medication name	dose amount	frequency
9/22/16	Active	9/22/16		Zyrtec	1	Daily
medication name route is OTC? Zyrtec Po Yes						
9/22/16	Active	9/22/16		Zantac	1	Daily
medication name route is OTC? Zantac Po Yes						

Problem List

record added on	problem name	status	onset date	resolved on	description of problem
4/11/16, 3:02 PM	Chicken Pox	Active	1/1/87		
4/11/16, 3:02 PM	Endometriosis	Active	1/1/95		
4/11/16, 3:02 PM	Ovarian cysts	Active	1/1/97		

Drug Allergies

added on	name of drug	status	onset date	resolved on	description of reaction
9/22/16	Codeine	Active	1/1/12		Allergic Reaction

Admissions

Admission Time	Contraction...	BP	Fe...	FHT	Contraction Fr...	Internal Exam	Discharged
11/3/16, 8:42 AM	11/3/16, 8:42 AM	129/87	LOA	132	2-4, 45-50, Mild	2, 70%	11/3/16, 9:...

weeks gestation
36.1

Subjective

Last Food Eaten	Last Time Slept	Last Bowel Movement	Recent Hydration	Emotions
Snack this am	On and off through the night	Yesterday	Water	Good, a little anxious

location
Home

Objective

Est. Weight	pulse	Tmp	performed urine test	FHT status	fetal station
9lb	101	97	No	Accels	-2

comments

Came to home to check in, she reports UC for the past 12hrs, started out every 10min lasting 25sec, now every 2-4min lasting 45-50 sec. still able to walk and talk and is chatty between UC.

Reviewed pregnancy dating. Lmp is uncertain, pregnancy dated by 10w ultrasound. Also had 22w ultrasound that is consistent with 36-37wk dating. Discussed that at 36w1d, her baby is late preterm and may be ready to be born and breathe ok on his own but also might need extra help and we would have to transfer to the hospital if he needed more support than we can do at home. I recommended transfer to hospital now, while laboring, before baby is born, as a safer option.

After consideration declines transfer at this time and would like to labor and birth at home, stating that she realizes baby may have to go to hospital after birth.

I also reviewed Gbs unknown status and laboring prior to 37wks and recommended abx prophylaxis, she agrees to abx and Rocephin 1g IM r glut at 0900.

comments

All signs suggest prodromal or early labor, is going to try to rest and will call if UC get stronger or longer or if her water breaks or any other changes.

signed off by

Dawn Karlin on 11/3/16, 12:50 PM

Labor Flow

Status Time	Labor Status	BP	Pulse	Tmp	Fe...	FHT	Contraction Fr...	Internal Exam	Inp...
11/7/16, 10:23 AM	Delivered								
Labor Status	time of birth (body)	baby caught by	supervised by	nuchal cord					
Delivered	11/7/16, 6:19 AM	Dr Bishop	Dawn Karlin	Yes					

comments

Repeat cesarean. Breech presentation with nuchal cord x5.

Newborn resuscitated and taken to nicu. Then transferred to OU medical center- children's nicu for cooling cap and there was found to have minimal brain activity and multiple organ failure. Taken off life support and passed at midnight.

signed off by

Dawn Karlin on 11/9/16, 2:08 PM

Newborn Details

EGA by EDD at birth	newborn DOB
36.5	11/7/16, 6:19 AM

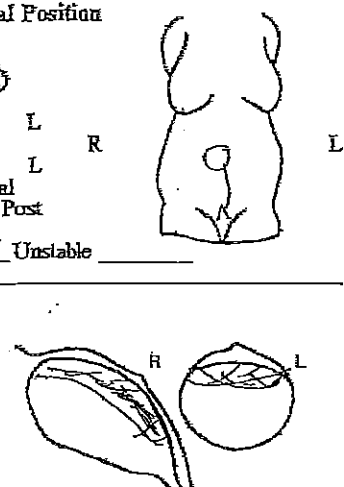
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www.ultrasoundunlimited.com

Mailing Address:
2712 Shady Tree Lane
Edmond, Okla. 73013

OB ULTRASOUND

Name _____ Date 7/20/15
Referring Physician D. Karlik OB History: pregnancies 2 children 1 miscarriages
Reason for exam Fetal Size

<input checked="" type="checkbox"/> Within Normal Limits		<input type="checkbox"/> NS = Not Seen	Abnormality - See Comments Below
Gestation <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple # _____	Fetus <input checked="" type="checkbox"/> Somatic activity <input checked="" type="checkbox"/> Cardiac activity <input type="checkbox"/> Respiration	Fetal Position <input type="checkbox"/> Vertex <input checked="" type="checkbox"/> Breech <input type="checkbox"/> Frank <input checked="" type="checkbox"/> Foot <input type="checkbox"/> Oblique Head: R L Transverse: R L Head: R L Fetal Spine to Maternal: R L Ant Post Sup Inf Position <u>0A</u> Unstable	
Fetal Anatomy <input checked="" type="checkbox"/> Kidneys <input checked="" type="checkbox"/> R L Both <input checked="" type="checkbox"/> Bladder <input checked="" type="checkbox"/> Extremities <input checked="" type="checkbox"/> 1 2 3 4 <input checked="" type="checkbox"/> Aorta <input checked="" type="checkbox"/> Stomach <input checked="" type="checkbox"/> Ventricles <input checked="" type="checkbox"/> Thalamus <input checked="" type="checkbox"/> Spine <input checked="" type="checkbox"/> Cerv. Head Junc. <input checked="" type="checkbox"/> 3 Cord Vessel Cord Insert: <input checked="" type="checkbox"/> Abd Plac <input checked="" type="checkbox"/> Diaphragm <input checked="" type="checkbox"/> 4 Chamber Heart	Amniotic Fluid <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Mild <input type="checkbox"/> Severe <u>14.7</u> cm's AFI	Placenta <input checked="" type="checkbox"/> Anterior <input type="checkbox"/> Posterior <input type="checkbox"/> Fundal <input type="checkbox"/> Lateral <input type="checkbox"/> R L <input type="checkbox"/> Low Lying <input type="checkbox"/> Previa <input type="checkbox"/> Marginal <input type="checkbox"/> Partial % <input type="checkbox"/> Total <input type="checkbox"/> Abruptio GRADE <u>0</u> II III Heart Rate <u>165</u> Beats / Min.	



	mm's	weeks	days	Clinical	Ultrasound
Gestational Sac					EFW <u>1</u> lbs <u>2</u> oz
Crown Rump				LMP <u>1/27/16</u>	EFW <u>510</u> gms
BPD	<u>54.1</u>	<u>22</u>	<u>3</u>		
Head Circ	<u>20.2</u>	<u>22</u>	<u>2</u>	MA <u>22</u> wks <u>0</u> days	MA <u>22</u> wks <u>3</u> days
Abd Circ	<u>17.6</u>	<u>22</u>	<u>4</u>		
Femur Length	<u>38.9</u>	<u>22</u>	<u>3</u>	EDC <u>11/2/16</u>	EDC <u>11/20/16</u>
H/A Ratio	<u>1.14</u>				
Cephalic Index	<u>2596</u>	(78.3 +/- 8.8) Ranges		EDC by previous U/S if applicable	<u>11/30/16</u>

Comments:

Barbara Pennell R.S.M.S.
SONOGRAPHER

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Edmond, Okla. 73013

OB ULTRASOUND

Name _____ Age 32 Date 5/5/10
Referring Physician D Karlin OB History: pregnancies 2 children 1 miscarriages _____
Reason for exam Fetal Age

☒ Within Normal Limits NS = Not Seen Abnormality - See Comments Below

<p>Gestation <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple # _____</p>	<p>Fetus <input checked="" type="checkbox"/> Somatic activity <input checked="" type="checkbox"/> Cardiac activity <input type="checkbox"/> Respiration</p>	<p>Fetal Position ____ Vertex ____ Breech ____ Frank Foot ____ Oblique Head: R L Transverse R L Head: R L Fetal Spine to Maternal R L Ant Post Sup Inf Position _____ Unstable</p> 
<p>Fetal Anatomy ____ Kidneys ____ R L Both ____ Bladder ____ Extremities ____ 1 2 3 4 ____ Aorta ____ Stomach ____ Ventricles ____ Thalamus ____ Spine ____ Cerv. Head Junc. ____ 3 Cord Vessel Cord Insert: ____ Abd Plac ____ Diaphragm ____ 4 Chamber Heart</p>	<p>Amniotic Fluid <input checked="" type="checkbox"/> Normal ____ Increase ____ Decrease ____ Mild ____ Severe AFI _____ cm's.</p>	<p>Placenta ____ Anterior ____ Posterior ____ Fundal ____ Lateral ____ R L ____ Low Lying ____ Previa ____ Marginal ____ Partial % ____ Total ____ Abruptio</p> 

GRADE 0 I II III

Heart Rate 170 Beats / Min.

	mm's	weeks	days	Clinical	Ultrasound
Gestational Sac	<u>45.4</u>	<u>10</u>	<u>0</u>		
Crown Rump	<u>36.1</u>	<u>10</u>	<u>3</u>	LMP <u>1/27/10</u>	EFW _____ lbs _____
BPD					RFW _____ g
Head Circ				MA <u>14</u> wks <u>1</u> days	MA <u>10</u> wks <u>1</u> day
Abd Circ					
Femur Length				EDC <u>11/2/10</u>	EDC <u>11/30/10</u>
H/A Ratio					
Cephalic Index				(78.3 +/- 8.8) Ranges	EDC by previous US if applicable

Comments: Baby measures 4 weeks less than by LMP.

Barbara Pennell R.D.M.S

SONOGRAPHER

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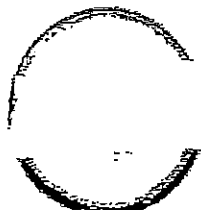
AT&T

1:32 PM

86%

< Recents

Edit



message



call



FaceTime



mail

November 7, 2016

4:22 AM

Incoming Call

2 minutes

mobile

FaceTime



email

Notes



Favorites



Recents



Contacts




Keypad



Voicemail

••••• AT&T

1:32 PM

86% 

< Recents

Edit



message



call



video

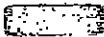


mail

November 7, 2016

5:02 AM Outgoing Call

46 seconds

phone 

+1 (1

Notes

Send Message

Share Contact



Favorites



Recents



Contacts



Keypad



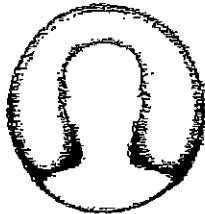
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86%

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Oklahoma City, OK



message



call



video



mail

November 7, 2016

5:06 AM Outgoing Call

4 minutes

Share Contact

Share My Location

Create New Contact

Add to Existing Contact



Favorites



Recents



Contacts



Keypad



Voicemail

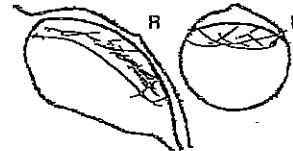
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OR ULTRASOUND

Name _____ Age 3 Date 7/20/15
Referring Physician Dr. Karlin History: pregnancies 2 children 1 miscarriages _____
Reason for exam Fetal Size

<input checked="" type="checkbox"/> Within Normal Limits		NS = Not Seen	Abnormality - See Comments Below	
Gestation <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple # _____	Fetus <input checked="" type="checkbox"/> Somatic activity <input checked="" type="checkbox"/> Cardiac activity <input type="checkbox"/> Respiration	Fetal Position <input type="checkbox"/> Vertex <input checked="" type="checkbox"/> Breech <input type="checkbox"/> Frank <input checked="" type="checkbox"/> Foot <input type="checkbox"/> Oblique Head: R L Transverse Head: R L Fetal Spine to Maternal R L <input checked="" type="checkbox"/> Ant <input type="checkbox"/> Post Sup Int Position <u>OK</u> Unstable		
Fetal Anatomy <input checked="" type="checkbox"/> Kidneys <input checked="" type="checkbox"/> R L <input checked="" type="checkbox"/> Both <input checked="" type="checkbox"/> Bladder <input checked="" type="checkbox"/> Extremities <input checked="" type="checkbox"/> 1 2 3 4 <input checked="" type="checkbox"/> Aorta <input checked="" type="checkbox"/> Stomach <input checked="" type="checkbox"/> Ventricles <input checked="" type="checkbox"/> Thalamus <input checked="" type="checkbox"/> Spine <input checked="" type="checkbox"/> Cerv. Head Junc. <input checked="" type="checkbox"/> 3 Cord Vessel Cord Insert: <input checked="" type="checkbox"/> Abd <input type="checkbox"/> Plac <input checked="" type="checkbox"/> Diaphragm <input checked="" type="checkbox"/> 4 Chamber Heart	Anniotic Fluid <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Mild <input type="checkbox"/> Severe <u>14.7</u> cm's <input type="checkbox"/> AFI	Placenta <input checked="" type="checkbox"/> Anterior <input type="checkbox"/> Previa <input type="checkbox"/> Posterior <input type="checkbox"/> Marginal <input type="checkbox"/> Fundal <input type="checkbox"/> Partial % <input type="checkbox"/> Lateral <input type="checkbox"/> Total <input type="checkbox"/> R L <input type="checkbox"/> Low Lying <input type="checkbox"/> Abruptio GRADH <input checked="" type="checkbox"/> 0 <input type="checkbox"/> II <input type="checkbox"/> III Heart Rate <u>165</u> Beats / Min.		



	mm's	weeks	days	Clinical	Ultrasound
Gestational Sac					
Crown Rump					
BPD	<u>54.1</u>	<u>22</u>	<u>3</u>	LMP <u>1/27/16</u>	EFW <u>1</u> lbs <u>2</u> oz
Head Circ	<u>20.2</u>	<u>22</u>	<u>2</u>	MA <u>8.8</u> wks <u>0</u> days	EFW <u>510</u> gms
Abd Circ	<u>17.6</u>	<u>22</u>	<u>4</u>		MA <u>22</u> wks <u>3</u> days
Femur Length	<u>38.9</u>	<u>22</u>	<u>3</u>	EDC <u>11/2/16</u>	EDC <u>11/20/16</u>
H/A Ratio	<u>1.14</u>				
Cephalic Index	<u>2590</u>	(78.3 +/- 8.8) Ranges		EDC by previous U/S if applicable	<u>11/30/16</u>

Comments:

Barbara Pennell RSMs
SONOGRAPHER

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OB ULTRASOUND

Name _____ Age 32 Date 5/5/10
Referring Physician D Karlin OB History: pregnancies 2 children 1 miscarriages _____
Reason for exam Fetal Age

<input checked="" type="checkbox"/> Within Normal Limits		NS = Not Seen		Abnormality - See Comments Below	
Gestation <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple <input type="checkbox"/> # _____	Fetus <input checked="" type="checkbox"/> Somatic activity <input checked="" type="checkbox"/> Cardiac activity <input type="checkbox"/> Respiration	Fetal Position <input type="checkbox"/> Vertex <input type="checkbox"/> Breech <input type="checkbox"/> Frank Foot <input type="checkbox"/> Oblique <input type="checkbox"/> Head: R L <input type="checkbox"/> Transverse R L <input type="checkbox"/> Head: R L Fetal Spine to Maternal R L Ant Post Sup Inf Position _____ Unstable _____			
Fetal Anatomy <input type="checkbox"/> Kidneys <input type="checkbox"/> R L Both <input type="checkbox"/> Bladder <input type="checkbox"/> Extremities <input type="checkbox"/> 1 2 3 4 <input type="checkbox"/> Aorta <input type="checkbox"/> Stomach <input type="checkbox"/> Ventricles <input type="checkbox"/> Thalamus <input type="checkbox"/> Spine <input type="checkbox"/> Cerv. Head Junc. <input type="checkbox"/> 3 Card Vessel <input type="checkbox"/> Cord Insert: <input type="checkbox"/> Abd Plac <input type="checkbox"/> Diaphragm <input type="checkbox"/> 4 Chamber Heart	Amniotic Fluid <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Mild <input type="checkbox"/> Severe AFI _____ cm's.	Placenta <input type="checkbox"/> Anterior <input type="checkbox"/> Posterior <input type="checkbox"/> Fundal <input type="checkbox"/> Lateral <input type="checkbox"/> R L <input type="checkbox"/> Low Lying <input type="checkbox"/> Previa <input type="checkbox"/> Marginal <input type="checkbox"/> Partial % <input type="checkbox"/> Total <input type="checkbox"/> Abruptio GRADE 0 I II III Heart Rate <u>170</u> Beats/Min.			



	mm's	weeks	days	Clinical	Ultrasound
Gestational Sac	<u>45.4</u>	<u>10</u>	<u>0</u>		
Crown Rump	<u>36.1</u>	<u>10</u>	<u>3</u>	LMP <u>1/27/10</u>	EFW _____ lbs _____ gr
BPD					
Head Circ				MA <u>14</u> wks <u>1</u> days	MA <u>10</u> wks <u>1</u> day
Abd Circ					
Femur Length				EDC <u>11/2/10</u>	EDC <u>11/30/10</u>
H/A Ratio					
Cephalic Index				(78.3 ± 8.8) Ranges	EDC by previous U/S if applicable

Comments: Baby measures 4 weeks less than by LMP.

Barbara Pennell RDN S

SONOGRAPHER

This is the sonographer's impression, and is not intended as a diagnosis or an interpretation.

Moments of Bliss Midwifery Services LLC
Dawn Karlin APRN-CNM
519 W Main St, Weatherford, OK 73096

Consent / Waiver for Vaginal Birth After Cesarean (VBAC)

As you may know, there are risks in any birthing situation whether it is hospital, birth center or home birth. Just being pregnant carries some risks. VBAC carries with it some special considerations that you must be aware of in order to make an informed decision on attempting a VBAC outside the hospital with a Midwife. The following list is designed to help you make an informed decision about attempting to have a vaginal birth after cesarean also known as VBAC. Your alternative would be to have a repeat cesarean section. Please sign below if you agree with the following statements:

- I understand that I have had one or more prior cesarean(s)
- I understand that my midwife will follow OMA guidelines.
- I understand that I have the option of an elective repeat cesarean with a physician or to attempt a normal vaginal birth in the hospital, or choose to birth out of the hospital with a midwife.
- I understand that approximately 60-80% of women who have had a previous cesarean will successfully give birth vaginally. The success rate increases for those that have already had a vaginal birth.
- The benefits of a VBAC include: decreased blood loss, decreased postpartum complications and a shorter recuperation.
- I understand that there is a higher risk of uterine rupture because of the uterine scar from my cesarean. This risk is increased by the use of medications that are used to augment labor and decreased by natural labor without augmentation.
- I understand that my midwife will not augment or naturally stimulate a VBAC.
- I understand that in the event of a uterine rupture there are risks to myself and to the baby with a higher risk of harm to the baby than to me.
- I understand the risks to me, from uterine rupture, include but are not limited to: excessive blood loss, blood transfusion, hysterectomy, infection, injury to my internal organs (bowel, bladder, ureter), blood coagulation problems and death. These are the same for cesarean birth.
- I understand that the risk of uterine rupture during VBAC in someone like me who has had a prior incision in the noncontracting part of my uterus is around 1%.
- I understand that if I have a uterine rupture there may not be sufficient time to transfer to the hospital to prevent harm to my baby or to me.
- I understand that the exact frequency of death or permanent neurologic injury to the baby when the uterus ruptures is uncertain, but has been reported as high as 50%.
- Contraindications of VBAC outside the hospital are: Classical uterine incision, multiple gestations, more than 2 previous cesarean sections, less than two years (at the time of birth) since cesarean, major uterine surgery, poor health, breech or those that are unwilling to assume the added risks associated with a VBAC labor for themselves and/or baby.
- I understand that if I choose to attempt a VBAC and end up having a cesarean section during labor, I have a greater risk of problems than if I had an elective repeat cesarean section.
- I understand the risks of repeat cesarean section include but are not limited to: blood transfusion, infection, injury to internal organs (bowel, bladder, ureter), injury to the baby, possible hysterectomy, blood coagulation problems or death.
- I understand and assume the added risk for myself and the baby and agree to follow closely the recommendations (including dietary, chiropractic and acupuncture) to stay in the low risk category.
- I understand that my midwife will follow the VBAC guidelines that include encouraging a healthy diet, evening primrose oil beginning at 36 weeks and Cell Salts at 37 weeks. Other homeopathics are occasionally used as well.
- I agree that if my midwife feels that consultation, collaboration or referral of care to a physician is in the best interest of mom or baby, I will comply with her recommendations.
- I have read and understand the above information and have had my questions answered and have received all the information I need to make an informed choice after discussing my options with my midwife.

I agree with the above and want to attempt a VBAC with a Midwife out of the hospital:

Client _____

Date 06/02/2016

Witness _____

Date 6-2-16

+++00 AT&T

1:24 PM

88%



Brandy



Text Message
Tue, Jul 5, 8:41 AM

I know you were both going to think I am crazy however my milk has come in. I'm only 18 weeks so, am I going to hurt the baby if I start pumping?



Brandy Harris


Ideally, I wouldn't recommend you pump. It can cause contractions. Some hand express, colostrum. Hormonally, you won't make anything but colostrum until after baby is born. Leaking is super normal right now.

I'd not attempt anything until way closer to baby time. To be safe.



+++00 AT&T

1:25 PM

88% 



Brandy



Thursday 7:24 AM

Hello ladies! I tried to rest some but the contractions kept coming. Now that I am up and active again they are progressing. They are getting more painful and are lasting about 50 seconds with two minutes in between.

7:24 AM

How are you doing with those?
Needing support yet?

7:34 AM

Yes. I am OK for an hour or two but I just want to be checked and kind of see where I am.

7:36 AM

OK- I'm on my way now, takes me about 75min or so to get there

7:39 AM

See you soon

7:40 AM



AT&T

1:25 PM

88%



Brandy



Needing support yet?

7:34 AM

Yes. I am OK for an hour or two
but I just want to be checked
and kind of see where I am.

7:36 AM

Ok I'm on my way now. takes
me about 75min or so to get
there

7:39 AM

See you soon.

7:40 AM

Drive safe

7:40 AM

Ok

7:44 AM

Thursday 10:39 AM

How are you doing?

10:39 AM

Thursday 12:15 PM

Took a real nap. Just woke up.
You were right about the water.




Message

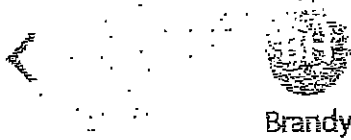


Patient # /

+++00 AT&T

1:25 PM

88% 



Brandy



7:44 AM

Thursday 10:39 AM

How are you doing?

10:39 AM

Thursday 12:15 PM

Took a real nap. Just woke up.
You were right about the water
it didn't really break. Since I
woke up the contractions have
been a lot less intense so
hopefully they'll intensified we
can get this show on the road!

12:15 PM

Ok :)

May have been just a strong
practice round 

12:19 PM

Not what I want to hear!!

12:24 PM

I want my baby!!

12:24 PM

Amma mama wuuu baby kuuuu



...oo.AT&T

1:26 PM

88%



Brandy



Not what I want to hear!!

12:24 PM

I want my baby!!

12:24 PM

Aww mama, your baby knows
when to come 🥰

12:25 PM

I'm glad you were able to nap

12:37 PM

Thursday 3:29 PM

How are you doing now

3:29 PM

Thursday 5:39 PM

Super tired but I'm still stuck in
that contractions every 2 to 3
minutes that are about 30
seconds long. I'm just not
progressing at all

5:39 PM

Have you been resting or what
have you been doing?

5:40 PM

Hi - just trying to see if



Free page



AT&T

1:26 PM

87%



Brandy



Have you been resting or what have you been doing?

5:49 PM

Hi [redacted] just trying to see if you want me to stop in and check on you before I head home. I'll probably just head your way and do that :)

6:28 PM

Friday 10:07 AM

So, last night at about 3 AM the contractions started again. They are about five minutes apart and last about a minute a piece.

10:07 AM

My water still hasn't broken but I feel super frustrated.

10:07 AM

I know there is no normal but I've been in pain for almost 24 hours. Does this happen to other people?

10:08 AM



••••• AT&T

1:26 PM

87%



Brandy



hours. Does this happen to
other people?

Yes the start and stop of
prodromal labor happens to
lots of ladies
It's super frustrating.
Every five minutes lasting a
minute sounds like progress
though!

10:12 AM

Brandy Harris

It has, yes. It's the strange
space between labor and
practice ♥

10:13 AM

I am just feeling really out of
control which is super
overwhelming to me

10:18 AM

My biggest concern is how
long this practice contractions
stage can last. Could I
potentially be doing this for a
month and a half?

10:19 AM



Message



AT&T

1:27 PM

87%

Brandy

I am just feeling really out of control which is super overwhelming to me

10:18 AM

My biggest concern is how long this practice contractions stage can last. Could I potentially be doing this for a month and a half?

10:19 AM

Do you need us to come check on you?

10:19 AM

I don't think you would be doing this for a month and a half. But some have the on and off for several days to several weeks

10:19 AM

No. unfortunately I don't think anything is really changed and you would just see in a really negative mental place

10:20 AM

Can you take an Enclon salt

••••• AT&T

1:27 PM

87%



Brandy



weeks

No. unfortunately I don't think anything is really changed and you would just see in a really negative mental place

10:20 AM

Can you take an Epsom salt bath and try to relax?

10:21 AM

Yes.

10:24 AM

This is just sort of hitting me and my Achilles' heel. Being out of control and not knowing when or how long this is all going to last is becoming super emotional for me

10:25 AM

Try that.

Add two cups of Epsom salt to a nice hot bath and soak for 45min or so.

Let us know how you are after

10:26 AM



iMessage



••••• AT&T

1:27 PM

87%



Brandy



Better physically, still not great mentally.

3:00 PM

Brandy Harris

He'll come. I promise. It's okay to be disappointed. You know he's got his time and he'll show up. Release it. 🍀

3:02 PM

Love you girl! He will come in his time 🍀

3:05 PM

Saturday 10:54 AM

So, last night at about 8 PM my mucous plug came out. Since then I have been having consistent contractions but, my water has not broken. I am just super tired and in a ton of pain

10:54 AM

How close are they now? And lasting how long?

And was your mucous plug bloody or just mucus?

10:55 AM




Message



••••• AT&T

1:28 PM

87% 



Brandy



Saturday 10:54 AM

So, last night at about 8 PM my mucous plug came out. Since then I have been having consistent contractions but, my water has not broken. I am just super tired and in a ton of pain

10:54 AM

How close are they now? And lasting how long?
And was your mucous plug bloody or just mucousy?

10:55 AM

Bloody

11:14 AM

That's a great sign for progress
Do you want someone to come check on you?

11:14 AM

Is baby moving good?

11:14 AM

Five minutes for a minute apiece

11:15 AM



AT&T

1:28 PM

87%



Brandy



That's a great sign for progress.
Do you want someone to come
check on you?

11:14 AM

Is baby moving good?

11:14 AM

Five minutes for a minute
apiece

11:15 AM

Yes but, I came by the seminar.
I don't know that I'll stay the
whole time. It's from 1 to 4

11:15 AM

Ok that's good.
Will you let us know when you
are home and want someone to
come?
Is baby moving good?

11:17 AM

No. I've been worried about his
movement. Last night I kind of
tested it by drinking ice water
and being really still and he
only checked it twice in about a
2 hour

11:17 AM



Message



AT&T

1:28 PM

87%



Brandy



No. I've been worried about his movement. Last night I kind of tested it by drinking ice water and being really still and he only checked it twice in about a 2 hour.

11:17 AM

Ok. You can do a kick count by drinking something cold and sweet like apple juice and laying on side feeling for movement- he should have 10 movements in 2hrs or less

11:18 AM

But we need to check on him- we can listen with a Doppler to see how he is doing :)
When will you be headed home?

11:19 AM

Brandy Harris

I'm happy to come by and check in ❤️

11:22 AM

Let me know when you head



••••• AT&T

1:28 PM

86%



Brandy



When will you be headed home?

11:19 AM

Brandy Harris

I'm happy to come by and check in ❤️

11:22 AM

Let me know when you head home and and I'll come see you and check on this kid for you.

11:40 AM

Sooner is better [redacted] so we can make sure you and he are both ok :)

11:40 AM

Okay. I will text.

11:44 AM

Brandy Harris

Okay :)

11:47 AM

Saturday 12:54 PM

And the contractions got too intense so I am on my way

12:54 PM



04081007



Patient # 1

Moments of Bliss Midwifery Services LLC

AT&T

1:29 PM

86%



Brandy



11:45 AM

Okay. I will text.

11:46 AM

Brandy Harris

Okay :)

11:47 AM

Saturday 12:54 PM

And the contractions got too
intense so I am on my way
home

12:54 PM

Brandy Harris

Okay. I'll see ya in a bit

1:01 PM

Ok that's great

1:02 PM

Brandy Harris

20 min

1:19 PM

Saturday 8:28 PM

I'm feeling a little flu-ish. My



AT&T

1:29 PM

86%



Brandy

I'm feeling a little flu-ish. My body is feeling achy and I have a little bit of a fever.

8:38 PM

What is your temperature? You had thought I had a fever on Thursday when I was there?

8:50 PM

100.5; been fine but he did feel feverish on Thursday

8:53 PM

How are your breasts? Any red tender lumps? Mastitis can feel like this or you could have a virus?

8:54 PM

Definitely not mastitis cause I've had that. It must just be a little virus

9:02 PM

Do you have some vitamin c you can take? And Tylenol for



Message



AT&T

1:29 PM

86%



Brandy

I've had that. It must just be a little virus

9:02 PM

Do you have some vitamin c you can take? And Tylenol for the temp. And you probably need sleep that would make you feel better I hope!

9:03 PM

Sunday 7:45 AM

I need to have a real conversation. I just had my fourth night of not sleeping and dealing with 10+ hours of mild to moderate contractions. I just don't know how much longer I can do this. Do I even have the option of calling uncle? Since I don't have insurance with the hospital even see me, since my water hasn't broken?

7:45 AM

With equals will

7:45 AM

Can I come check on you



AT&T

1:29 PM

86%



Brandy



don't have insurance with the hospital even see me, since my water hasn't broken?

With equals will

7:45 AM

Can I come check on you, check your cervix, check on baby?

The hospital will see you, but they won't keep you if you aren't in labor, and your water hasn't broken.

7:46 AM

Or there are some supplements you can use to get some rest. Black haw or cramp bark to ease the contractions and for rest.

7:47 AM

Valerian root 500mg one dose

7:48 AM

It

You can come check. I will try to have o by Akins later

7:51 AM

OK I'll be there around 8:30



Message



AT&T

1:30 PM

86%



Brandy



You can come check. I will try
to have go by Akins later

7:51 AM

Ok I'll be there around 9:30
that will give me time to get
dressed and drive there

7:52 AM

Sunday 9:33 AM

Here :)

9:33 AM

Sunday 5:34 PM

I ended up taking three doses
of that medicine and
unfortunately it still hurting.

5:34 PM

The contractions started
getting worse about an hour
ago

5:35 PM

Have you taken an Epsom salt
bath this evening? And then
the valerian to help you sleep?
Or Tylenol?

5:36 PM



••••• AT&T

1:30 PM

86%



Brandy



Have you taken an Epsom salt bath this evening? And then the valerian to help you sleep? Or Tylenol?

5:36 PM

*tylenol pm

5:36 PM

Now we just got done with the shower. I hope the birthday party went good. I will take an Epson salt bath and that medicine you brought over to help me sleep

5:36 PM

Oh good- so you haven't really had a chance to rest yet?

5:37 PM

I rested for about an hour after you left and then we had to get ready for the shower

5:37 PM

Ok
After your bath, you could take the black haw bark again to get

5:39 PM



Insurance



AT&T

1:30 PM

86%



Brandy

I rested for about an hour after
you left and then we had to get
ready for the shower

5:37 PM

ok
After your bath, you could take
the black haw bark again to get
some relief

5:39 PM

If you need it

5:39 PM

Monday 4:08 AM

I woke up at 3 AM contractions
are minute to two minutes
apart and they're lasting 45
seconds to a minute.

4:08 AM

Is that ok

4:34 AM

And it has fibers in it

4:34 AM

Like varnish and hair stuff?

4:35 AM



••••• AT&T

1:30 PM

86%



Brandy...



Monday 4:08 AM

I woke up at 3 AM contractions
are minute to two minutes
apart and they're lasting 45
seconds to a minute.

4:08 AM

Is that ok

4:34 AM

And it has fibers in it

4:34 AM

Like vernix and hair stuff?

4:35 AM

Yes

4:36 AM

That's normal. Is the water
clear other than that?

4:36 AM

It was like the color of Pepsi

4:36 AM

Well that's odd
Can you take a picture

4:37 AM



Message



Patient #1

Moments of Bliss Midwifery Services LLC

AT&T

1:30 PM

86%



Brandy



Yes

4:36 AM

Normal. Is the water
clear other than that?

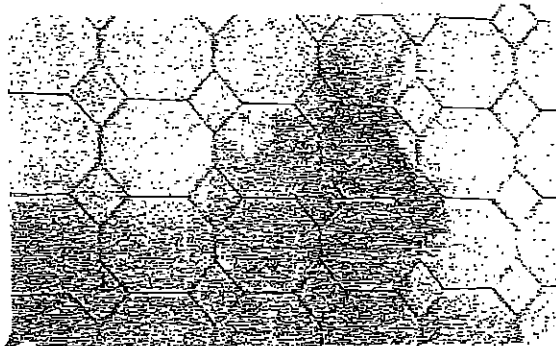
4:36 AM

It was like the color of Pepsi

4:36 AM

Well that's odd
Can you take a picture

4:37 AM



4:40 AM

OK
I'll look at it when I get there.
Looks like some meconium.
How are you doing now?

4:41 AM



AT&T

1:22 PM

89%



Text Message
Monday 4:45 AM

This is s phone is
messaging up

4:45 AM

Ok thanks :)
Everything ok?
I'm on my way!

4:46 AM

There is floating baby poop in
the tub

4:46 AM

Is the baby going to be ok?

4:47 AM

Is baby moving ok?

4:47 AM

Has baby done a big flip in the
last day or so? Sometimes
breech babies do this?

4:49 AM

No

4:50 AM

No to the big flip or no to the
moving ok?

4:50 AM



••••• AT&T

1:23 PM

89%



No to the big flip or no to the moving ok?

4:50 AM

A big bubblegum pink Mucas thing just came.

4:53 AM

That's ok.
It's mucous? Everything else ok?

4:53 AM

Just alot of brown

4:57 AM

I'm 45min away.
If there is that much poop, I wonder about two things- is baby doing ok, and/or is baby breech. For either of those we need to go to hospital so can you get a bag ready?

5:00 AM

A bag is ready.

5:00 AM

doesn't know if the baby is ok.

5:00 AM



Two Mucous



Patient # 1

Moments of Bliss Midwifery Services LLC

AT&T

1:23 PM

89%



breach for either of those we
need to go to hospital so
can you get a bag ready?

5:00 AM

A bag is ready.

5:00 AM

doesn't know if the baby
is ok.

5:00 AM

I can meet you at the hospital
are you going to mercy?

5:01 AM

Sure

5:01 AM

Let me know when y'all are in
the car and heading that way

5:13 AM

We are almost there

5:18 AM

Ok good :)
Hoping you are there now
I'm like 10min away

5:34 AM

We are in

5:33 AM



Moments of Bliss Midwifery Services

Moments of Bliss Midwifery Services LLC
Dawn Karlin APRN-CNM

INFORMED CONSENT FORM

I hereby acknowledge that I am voluntarily contracting for midwifery services. I have made this decision after being informed that in the course of childbearing, which is a normal human function, medical problems may unpredictably and suddenly arise which may present a hazard to myself and my unborn child. These problems include, but are not limited to, the possibilities of excessive bleeding, infection, convulsions, coma, allergic reaction and respiratory distress. Some other medical problems affecting the fetus and newborn which could occur are cord prolapse and other problems relating to the umbilical cord, congenital abnormalities, fetal distress, malpresentation, immaturity and post maturity, birth injuries affecting the newborn such as the effects of hyperbilirubinemia, blood incompatibility, anomalies, allergies, infections and brain damage which are difficult to recognize and/or are unrecognizable immediately after birth.

I have been informed and understand that personnel, facilities, and equipment for dealing with potential problems that may arise during the course of my labor, and delivery of my child, are available in a hospital, and that in choosing to deliver outside of the hospital, I am taking certain risks for my unborn child and myself. These risks relate mainly to delay in medical treatment for unforeseen childbirth complications to mother or baby requiring transfer to a hospital.

I understand that in the event transport or transfer to a medical facility is necessary; I will be taken to a medical facility and be seen by the physician on call for my care.

My acceptance into the care of a midwife is based on information I have given in my medical history and by remaining low risk based on regular risk assessments throughout this pregnancy. In order for the midwife to attend the delivery of my child, certain care requirements must be met. I will share the responsibility for meeting these requirements as follows:

I will obtain laboratory tests recommended by my midwife.

- A regular schedule of prenatal visits will be followed.
- If I start labor before 37 weeks or after 42 weeks of pregnancy, the midwife and/or a physician for possible transfer of care will evaluate me.
- I am responsible for choosing a pediatrician to examine the baby within 24-72 hours of delivery.
- I have been informed of the Midwife's training and experience.
- The midwife's training and experience is designed to enable her to assist the mother with as little intervention as possible, in normal labor and delivery where no maternal or infant complications are expected.

PRINT YOUR NAME: _____

SIGNED: _____

DATE: 05/02/2016

SIGNATURE OF MIDWIFE: _____

DATE: 5-2-16

MERCY HOSPITAL OKLAHOMA CITY
4300 W Memorial Rd
Oklahoma City OK 73120-8304

Patient # 1

ADM 11/7/2016, D/C 11/7/2016

All Orders (continued)

DISCHARGE PATIENT (continued)

Instance released by: Eppard, Gregory G, MD (auto-released) 11/7/2016 4:17 PM

End of Encounter

Progress Notes by Brown, Holli A, RN at 11/7/2016 6:00 AM

Author: Brown, Holli A, RN	Service: (none)	Author Type: Registered Nurse
Date of Service: 11/7/2016 6:00 AM	Filed: 11/7/2016 9:07 AM	Note Type: Progress Notes
Status: Addendum	Editor: Brown, Holli A, RN (Registered Nurse)	
Related Notes: Original Note by Brown, Holli A, RN (Registered Nurse) filed at 11/7/2016 9:02 AM		

Pt is a G2P1 at 36.5wks IUP that presents to triage with complaints of possible SROM. Pt has been seeing midwife Dawn Karlin for her prenatal visits and has approx 10PNV per midwife. Pt states she has been contracting irregularly since 11/2. Pt states she SROM at 0422 and infant "possibly had a bowel movement inside." Pt had a c/s 15mo ago and was planning to VBAC at home. Midwife told pt to come to Mercy after pt notified her of "colored amniotic fluid." Pt states she is contracting q2min and denies any vaginal bleeding at this time.

0543-Attempted to place pt on external monitor. Pt stated she last felt fetal movement in her car on the way to the hospital.

0545-SVE done by HBrown and unknown presenting part felt that was not vertex. Meconium stained fluid noted.

0546-SVE done by E. Veatch

0547- SpO2 placed to determine FHTs

0550-Dr. Bishop called to BS and US called for to assist in locating FHTs

0551-Dr. Bishop at BS for SVE and determine fetus was breech

0553-US on and no FHTs visualized

0556-Pt prepped for c/s and transferred to OR#3

OKLC HEALTH -
INFORMATION
MANAGEMENT
4300 W Memorial

Printed by 145027 at 4/10/18 10:53 AM

Patient #1

MERCY HOSPITAL OKLAHOMA CITY
4300 W Memorial Rd
Oklahoma City OK 73120-8304

ADM 11/7/2016, D/C 11/7/2016

H&P by Bishop, Nancy M, MD at 11/7/2016 8:06 AM

Author: Bishop, Nancy M, MD	Service: (none)	Author Type: Physician
Date of Service: 11/7/2016 8:06 AM	Filed: 11/7/2016 8:13 AM	Note Type: H&P
Status: Signed	Editor: Bishop, Nancy M, MD (Physician)	

OB Admission H&P

Chief Complaint: contractions

History of Present Illness:

is a 33 y.o. G1P0 at 37 weeks EGA brought here by midwife who was laboring at home. She states she had been laboring at home since Wednesday. She had a previous c section 16 months ago. Midwife brought her to the hospital (Dawn) due to unknown presentation. Patient states she has been ruptured for over 24 hours. She states she is feeling fetal movement.

OB History

Gravida	Para	Term	Preterm	AB	SAB	TAB	Ectopic	Multiple	Living
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1

#	Outcome	Date	GA	Lbr Len/2nd	Weight	Sex	Delivery	Anes	PTL	Lv
1	Current									

Active Problems:

Abnormal labor

Past Medical History

Diagnosis

- Endometriosis
- History of shingles

Date

2/1/2010

GYNHx: denies history of abnormal pap smears. denies history of sexually transmitted diseases.

FHx: Non-contributory. denies history of congenital anomalies.

Past Surgical History

Procedure

- Pt denies relevant surgical history

Laterality

Date

Social History

Substance Use Topics

- Smoking status: Former Smoker – 14 years
- Types: Cigarettes
- Smokeless tobacco: Never Used

OKLC HEALTH
INFORMATION
MANAGEMENT
4300 W Memorial

Printed by 145027 at 4/10/18 10:53 AM

Patient # 1

MERCY HOSPITAL OKLAHOMA CITY
4300 W Memorial Rd
Oklahoma City OK 73120-8304

ADM 11/7/2016, D/C 11/7/2016

Operative Report by Bishop, Nancy M, MD at 11/7/2016 8:13 AM

Author: Bishop, Nancy M, MD	Service: (none)	Author Type: Physician
Date of Service: 11/7/2016 8:13 AM	Filed: 11/7/2016 8:19 AM	Note Type: Operative Report
Status: Signed	Editor: Bishop, Nancy M, MD (Physician)	

Operative Procedure Note

NAME:

MRN:

DATE OF OPERATION/PROCEDURE:
11/7/2016

PREOPERATIVE DIAGNOSES:

1. Intrauterine pregnancy at ?37 weeks
2. Insufficient prenatal care
3. S/p failed breech VBAC at home
4. NRFHTs
5. Previous c/s X 1

POSTOPERATIVE DIAGNOSES:

SAME

PROCEDURE PERFORMED:

Repeat low transverse cesarean section.

SURGEON:

Nancy M Bishop, MD

ASSISTANT:

Scrub techs and Dr. Lewis

ANESTHESIOLOGIST:

Dr. Caldwell

ANESTHESIA :

Spinal

IV FLUIDS:

Crystalloid. 1000mL

ESTIMATED BLOOD LOSS:

800mL

URINE OUTPUT:

200mL of clear urine via foley catheter.

OKLC HEALTH
INFORMATION
MANAGEMENT
4300 W Memorial

Printed by 145027 at 4/10/18 10:53 AM

Moments of Bliss Midwifery Services LLC

are you currently monogamous? do you have pain during intercourse? birth control used in the past
 Pili

complications with birth control
 Hormone imbalance

have you ever had any of the following conditions?

Ovarian cysts - Active Pcos. Current amount or severity unknown.

Prenatal Visits

visit date	Wks	Edema	Wt	BP	Pulse	FH	Fa...	FHT	Prote...	Int. Exam	Labs
5/12/16, 10:12 AM	9.0	None	193	124/86	88	Cwd	N/A	N/A	Neg / Neg	No	Yes
supervised by Dawn Karlin performed by Dawn Karlin assisted by Lauren Scarbrough visit type In Person - Office visit duration 50 headaches Yes headache comments Occasional-thinks it is allergies visual disturbances No dizziness No fainting No GI signs/symptoms No dysuria (S&S of UTI) No abnormal vaginal discharge No bleeding Yes bleeding comments Mostly brown spotting, had some bright red spotting yesterday Back/hip/pubis pain Yes itchininess No leg cramps No varicose veins No injuries No Pre-E signs/symptoms No Emotional/Mental status Normal fatigue nausea vomiting fever of 101 or more other other comments contractions FM Yes Yes No No Yes Round ligament pain None - administered Rhogam performed urine test ketones nitrites leukocytes color clarity blood ph No Yes Neg Neg Trace Light Clear +2 8 had physical exam HEENT lungs extremities & skin heart abdominal & back neuro breasts comments Yes Normal Normal Normal Normal Normal Normal Deferred genitourinary comments pap performed labs ordered lab ordered details labs ordered notes Deferred No Yes Prenatal Panel Vitamin d level, progesterone, bHcg quant ultrasound ordered ultrasound ordered notes meds/supplements Yes She is going to call to schedule with ultrasound unlimited No payment entered under billing? next visit date Yes 6/9/16, 10:00 AM comments S: Saw today for new ob appt. Reports some nausea, also has been having spotting mostly brown but had red spotting yesterday. Desiring homebirth and seeking midwifery care. O: see flowchart A: 30yo G2P1001 w/IUP at 9w0d by LMP, scwd, 1st trimester bleeding P: Discussed midwifery care, diet and exercise for pregnancy and recommended weight gain. Questions answered, consents signed. New ob labs and vitamin d level today. Also progesterone and bHcg, info provided for ultrasound unlimited, she will call to schedule 1st trimester u/s. Reviewed 1st trimester precautions. Will r/c 4wks or sooner prn. Planning to schedule with ultrasound unlimited for 1st trimester and anatomy scan ultrasound. signed off by Dawn Karlin on 5/13/16, 7:08 AM											
6/9/16, 10:13 AM	9.3	None	199	138/75	73	Cwd	N/A	158	Trace / Neg	No	No
supervised by Dawn Karlin performed by Dawn Karlin assisted by Lauren Scarbrough visit type In Person - Office visit duration 35 headaches No visual disturbances No dizziness No fainting No GI signs/symptoms Yes GI comments Diarrhea yesterday dysuria (S&S of UTI) No abnormal vaginal discharge No bleeding No Back/hip/pubis pain Yes pain comments Seeing chiro and starting massage itchininess No leg cramps No varicose veins No injuries No Pre-E signs/symptoms No Emotional/Mental status Normal fatigue Yes fatigue comments So tired nausea Yes vomiting No fever of 101 or more No											

Patient #3

Moments of Bliss Midwifery Services LLC

other No	contractions None	FM -	administered Rhogam No	performed urine test Yes	ketones Neg	nitrites Neg	leukocytes Neg	color Concentrated
clarity Clear	blood Neg	ph 6	had physical exam No	labs ordered No	ultrasound ordered No	meds/supplements No	next visit date 7/7/16, 11:30 AM	

S: Saw today for 4wk RTO appt. Reports some nausea, reports overall feeling good except tired, hasn't had any more spotting since starting the progesterone.
 O: see flowchart
 A: 30yo G2P1001 w/IUP at 9w3d by 1st trimester u/s, scwd, 1st trimester bleeding, hx previous c/s x1, desiring vbac
 P: Reviewed 1st trimester precautions. Questions answered. Will rtc 4wks or sooner pm.
 signed off by
 Dawn Karlin on 6/10/16, 8:52 AM

Prenatal Visits

visit date	Wks	Edema	Wt	BP	Pulse	FH	Fe...	FHT	Protai...	Int. Exam.	Labs
7/6/16, 11:49 AM	13.6	None	202	126	78	Cwd	N/A	145	Trace / Neg	No	No

supervised by Dawn Karlin performed by Dawn Karlin assisted by Lauren Scarbrough visit type In Person - Office visit duration 35 headaches No visual disturbances No

dizziness No fainting No GI signs/symptoms Yes GI comments Nausea dysuria (S&S of UTI) No abnormal vaginal discharge Yes

VD comments Greenish mucous, denies pain or itching or odor, feels like it is normal bleeding No Back/hip/publi pain Yes

pain comments Seeing dr Duncan for chiro itchininess No leg cramps No varicose veins No injuries No Pre-E signs/symptoms No

Emotional/Mental status Normal fatigue No fever of 101 or more No other Yes

other comments Having some aching lower abd when first wakes up, feels better after urinating and being awake, moving around. contractions None FM +

administered Rhogam No	performed urine test Yes	ketones Neg	nitrites Neg	leukocytes Trace	color Concentrated	clarity Clear	blood Neg	ph 6.5
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had physical exam No labs ordered No ultrasound ordered No meds/supplements No next visit date 8/4/16, 11:30 AM

S: Saw today for 4wk RTO appt. Reports some nausea, reports overall feeling good. Denies vb or cramping. signed off by Dawn Karlin on 7/6/16, 12:28 PM
 O: see flowchart
 A: 30yo G2P1001 w/IUP at 13w6d by 1st trimester u/s, scwd, 1st trimester bleeding, hx previous c/s x1, desiring vbac
 P: Reviewed 2nd trimester precautions. Questions answered. Will rtc 4wks or sooner pm.

8/4/16, 11:32 AM	18.0	None	205	132/85	92	Cwd	N/A	131	Neg / Neg	No	No
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supervised by Dawn Karlin performed by Dawn Karlin assisted by Lauren Scarbrough visit type In Person - Office visit duration 35 headaches Yes

headache comments Bad headache the other day, took Tylenol visual disturbances No dizziness No fainting No GI signs/symptoms Yes

GI comments N/A one day before lunch, she feels like she let her BS drop too low; reflux dysuria (S&S of UTI) No

abnormal vaginal discharge No bleeding No Back/hip/publi pain Yes pain comments SI joint- chiro, yoga and massage itchininess No leg cramps No

varicose veins No injuries No Pre-E signs/symptoms No Emotional/Mental status Normal fatigue Yes fever of 101 or more No other No

contractions	FM	administered Rhogam	performed urine test	ketones	nitrites	leukocytes	color	clarity
None	+	No	Yes	Neg	Neg	+1	Light	Clear
blood	ph	had physical exam	labs ordered	ultrasound ordered	meds/supplements	next visit date		
Neg	7	No	No	No	No	9/8/16, 11:30 AM		
<p>comments</p> <p>today for 4wk RTO appt. Reports some sinus congestion with headache. Denies vb or cramping.</p> <p>O: see flowchart</p> <p>A: 30yo G2P1001 w/IUP at 18w0d by 1st trimester u/s, scwd, 1st trimester bleeding, hx previous c/s x1, desiring vbac</p> <p>P: Reviewed 2nd trimester precautions. Questions answered. Recommended magnesium for headache, may take with Tylenol. Will rtc 4wks or sooner pm.</p> <p>signed off by</p> <p>Dawn Karlin on 8/4/16, 1:01 PM</p>								

Prenatal Visits

visit date	Wks	Edema	Wt	BP	Pulse	FH	Fe...	FHT	Protei...	Int. Exam	Labs
9/9/16, 10:08 AM	23.1	None	211	138/73	93	24	N/A	148	Trace / Neg	No	No
<p>supervised by Dawn Karlin performed by Dawn Karlin assisted by Lauren Scarbrough visit type In Person - Office visit duration 40 headaches No visual disturbances No</p> <p>dizziness No fainting No GI signs/symptoms No dysuria (S&S of UTI) No abnormal vaginal discharge No bleeding No</p> <p>Back/hip/pubis pain No pain comments Seeing Dr Duncan for chiropractic care itchiness No leg cramps No varicose veins No injuries No</p> <p>Pre-E signs/symptoms No Emotional/Mental status Normal fatigue No nausea No vomiting No fever of 101 or more No other Yes</p> <p>other comments Questions about umbilical hernia contractions Occasional contractions comments A little tightening with round ligament pain during walking FM +</p> <p>administered Rhogam No performed urine test Yes ketones Neg nitrites Neg leukocytes +1 color Concentrated clarity Cloudy blood Neg</p> <p>ph 7 s.g. 1.015 had physical exam No labs ordered No ultrasound ordered No meds/supplements No next visit date 10/6/16, 3:00 PM</p> <p>comments</p> <p>today for 5wk RTO appt. overall feeling good. Denies vb or cramping.</p> <p>O: see flowchart</p> <p>A: 30yo G2P1001 w/IUP at 23w1d by 1st trimester u/s, scwd, 1st trimester bleeding, hx previous c/s x1, desiring vbac, 2yc</p> <p>P: Reviewed 2nd trimester precautions. Questions answered. Will rtc 4wks or sooner pm. 1hr gs, CBC, and vitamin d level next visit.</p> <p>signed off by</p> <p>Dawn Karlin on 9/9/16, 10:43 AM</p>											
10/6/16, 3:09 PM	27.0	None	221	122/82	102	27	Transv	128	Trace / Trace	No	Yes
<p>supervised by Dawn Karlin performed by Dawn Karlin assisted by Lauren Scarbrough visit type In Person - Office visit duration 45 headaches Yes</p> <p>headache comments Occasional, goes away with hydration visual disturbances No dizziness No fainting No GI signs/symptoms Yes</p> <p>GI comments Constipation, taking probiotic dysuria (S&S of UTI) No abnormal vaginal discharge No bleeding No Back/hip/pubis pain Yes</p> <p>pain comments Goes to chiropractor itchiness No leg cramps No varicose veins No injuries No Pre-E signs/symptoms No</p> <p>Emotional/Mental status Normal fatigue Yes nausea No vomiting No fever of 101 or more No other No contractions Occasional FM ++</p> <p>administered Rhogam No performed urine test Yes ketones Trace nitrites Neg leukocytes Neg color Light clarity Clear blood Neg ph 6.5 s.g. 1.010</p>											

Patient #3

Moments of Bliss Midwifery Services LLC

had physical exam No	labs ordered Yes	lab ordered details Other	labs ordered notes 1hr gs, CBC, and vitamin d level	ultrasound ordered No
meds/supplements No	next visit date 10/27/16, 11:00 AM			
comments today for 4wk RTD appt. overall feeling good. Denies vb or cramping.				
O: see flowchart				
A: 30yo G2P1001 w/IUP at 27w0d by 1st trimester w/s, scwd, 1st trimester bleeding, hx previous c/s x1, desiring vbac, 2vc				
P: Reviewed 3rd trimester precautions, s/sx of pti, and daily fmc. Questions answered. Will r/c 3wks or sooner pm.				
1hr gs, CBC and vitamin d level today.				
signed off by Dawn Karlin on 10/6/16, 3:46 PM				

Prenatal Visits												
visit date	Wks	Edema	Wt	BP	Pulse	FH	Fe...	FHT	Protei...	Int. Exam	Labs	
10/27/16, 11:18 AM	30.0	None	217	123/74	93	30	ROT	132	Trace / Neg	No	No	
supervised by Dawn Karlin	performed by Dawn Karlin	assisted by Lauren Scarbrough	visit type In Person - Office		visit duration 30		headaches No		visual disturbances No			
dizziness No	fainting No	GI signs/symptoms No	dysuria (S&S of UTI) No		abnormal vaginal discharge No		bleeding No					
Back/hip/pubis pain Yes		pain comments Pelvis was hurting after walking around downtown, saw chiro, feels better today							itchiness No			
leg cramps No	varicose veins No	injuries No	Pre-E signs/symptoms No		Emotional/Mental status Normal		fatigue No		nausea No		vomiting No	
fever of 101 or more No	other No	contractions Occasional	contractions comments One or two a day		FM ++	administered Rhogam No	performed urine test Yes					
ketones Trace	nitrites Neg	leukocytes Neg	color Concentrated	clarity Clear	blood Neg	ph 7	s.g. 1.020	had physical exam No		labs ordered No		
ultrasound ordered No	meds/supplements No		payment entered under billing? Yes		next visit date 11/10/16, 4:00 PM							
comments today for 3wk RTD appt. Overall feeling good. Denies vb or lof.												
O: see flowchart												
A: 30yo G2P1001 w/IUP at 30w0d by 1st trimester w/s, scwd, 1st trimester bleeding, hx previous c/s x1, desiring vbac, 2vc												
P: Reviewed 3rd trimester precautions, s/sx of pti, and daily fmc. Questions answered. Will r/c 2wks or sooner pm.												
signed off by Dawn Karlin on 10/27/16, 12:25 PM												
11/10/16, 4:32 PM	32.0	Mild	218	130/83	97	32	ROA	129	Trace / Neg	No	No	
supervised by Dawn Karlin	performed by Dawn Karlin	assisted by Lauren Scarbrough	visit type In Person - Office		visit duration 45		headaches No		visual disturbances No			
dizziness No	fainting No	GI signs/symptoms No	dysuria (S&S of UTI) No		abnormal vaginal discharge No		bleeding No					
Back/hip/pubis pain No		itchiness No	leg cramps No	varicose veins No	injuries No	Pre-E signs/symptoms No	Emotional/Mental status Normal					
fatigue Yes	nausea No	vomiting No	fever of 101 or more No		other Yes	other comments Carpal tunnel	contractions Occasional					
contractions comments Some tightenings and mild pressure			edema notes Feet		FM ++	administered Rhogam No	performed urine test Yes		ketones Neg			
nitrites Neg	leukocytes Trace	color Concentrated	clarity Clear	blood Neg	ph 7	s.g. 1.020	had physical exam No		labs ordered No			

ultrasound ordered No	meds/supplements No	next visit date 11/23/16, 1:30 PM
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comr.
S: Saw today for 2wk RTO appt. Overall feeling good. Denies vb or lof.
O: see flowchart
A: 30yo G2P1001 w/IUP at 32w0d by 1st trimester u/s, scwd, 1st trimester bleeding, hx previous c/s x1, desiring vbac, 2vc
P: Reviewed 3rd trimester precautions, s/sx of pti, and daily fmc. Questions answered. Will r/c 2wks or sooner pm.
signed off by
Dawn Karlin on 11/10/16, 4:55 PM

Prenatal Visits													
visit date	Wks	Edema	Wt	BP	Pulse	FH	Fe...	FHT	Protel...	Int. Exam	Labs		
11/23/16, 1:47 PM	33.6	None	219	119/73	119	33	ROA	145	Trace / Neg	No	No		
supervised by Dawn Karlin		performed by Dawn Karlin		assisted by Lauren Scarbrough		visit type In Person - Office		visit duration 45		headaches No		visual disturbances No	
dizziness No	fainting No	GI signs/symptoms No		dysuria (S&S of UTI) No		abnormal vaginal discharge No		bleeding No					
Back/hip/pubis pain Yes		pain comments Pelvic discomfort		itchiness No		leg cramps No		varicose veins No		injuries No		Pre-E signs/symptoms No	
Emotional/Mental status Normal		fatigue Yes		fatigue comments Resting when she can		nausea No		vomiting No		fever of 101 or more No		other No	
contractions Occasional		contractions comments Felt more Braxton hicks type UC in the last week, nothing strong just feeling tightness, not feeling them this week.										FM ++	
administered Rhogam No		performed urine test Yes		ketones +3		nitrites Neg		leukocytes +2		color Concentrated		clarity Clear	
blood Neg		ph 6.5											
s.g. 1.020		had physical exam No		labs ordered No		ultrasound ordered No		meds/supplements No		next visit date 12/5/16, 2:00 PM			
<p>comr. S: Saw for 2wk RTO appt. Overall feeling good. Denies vb or lof. O: see flowchart A: 30yo G2P1001 w/IUP at 33w6d by 1st trimester u/s, scwd, 1st trimester bleeding, hx previous c/s x1, desiring vbac, 2vc P: Reviewed 3rd trimester precautions, s/sx of pti, and daily fmc. Questions answered. Will f/u with home visit in 2wks or sooner pm. signed off by Dawn Karlin on 11/23/16, 2:21 PM</p>													
12/5/16, 2:15 PM	35.4	None		125/81	106	36	ROA	134		No	No		
supervised by Dawn Karlin		performed by Dawn Karlin		assisted by Lauren Scarbrough		visit type In Person - Home		visit duration 90		headaches No		visual disturbances No	
dizziness No	fainting No	GI signs/symptoms No		dysuria (S&S of UTI) No		abnormal vaginal discharge No		bleeding No					
Back/hip/pubis pain Yes		pain comments A little bit of lower back pain		itchiness No		leg cramps No		varicose veins No		injuries No			
Pre-E signs/symptoms No		Emotional/Mental status Normal		fatigue No		nausea Yes		vomiting No		fever of 101 or more No		other No	
FM ++													
administered Rhogam No		performed urine test No		had physical exam No		labs ordered Yes		lab ordered details GBS culture		ultrasound ordered No			
meds/supplements No		next visit date 12/15/16, 10:00 AM											

comm

S: Sat. today for 2wk home visit appt. Overall feeling good. Denies vb or lof.

O: see flowchart

A: 30yo G2P1001 w/IUP at 35w4d by 1st trimester u/s, scwd, 1st trimester bleeding, hx previous c/s x1, desiring vbac, 2vc

P: Reviewed 3rd trimester precautions, s/sx of pti, and daily fmc. Questions answered. Will r/c next week or sooner prn. Gbs today.

signed off by

Dawn Karlin on 12/5/16, 2:46 PM

Prenatal Visits

visit date	Wks	Edema	Wt	BP	Pulse	FH	Fe...	FHT	Protei...	Int. Exam	Labs
12/15/16, 9:58 AM	37.0	None	221	128/83	110	34	N/A	130		No	No
supervised by Dawn Karlin	performed by Dawn Karlin	assisted by Lauren Scarbrough	visit type In Person - Office			visit duration 30		headaches No	visual disturbances No		
dizziness No	fainting No	GI signs/symptoms No	dysuria (S&S of UTI) No			abnormal vaginal discharge No		bleeding No			
Back/hip/publc pain Yes		pain comments Seeing chiro	itchiness No	leg cramps No	varicose veins No	injuries No	Pre-E signs/symptoms No				
Emotional/Mental status Normal		Emotional/Mental status comments Had one day of being nervous and scared for birth, the next day she felt better								fatigue No	
nausea Yes	vomiting No	fever of 101 or more No	other No	contractions Occasional	FM ++	administered No	Rhogam	performed urine test Yes			
ketones Neg	color Concentrated	clarity Clear	had physical exam No	labs ordered No	ultrasound ordered No	next visit date 12/22/16, 10:00 AM					

comm

S: Saw Jay for 1wk r/c appt. Has had some back pain, otherwise feeling good. Denies vb or lof. A little worried about changing movements but has been able to do kick counts for reassurance without difficulty. Feels like baby is really low, chiro adjusted her pubic symphysis back into place on Tuesday.

O: see flowchart

A: 30yo G2P1001 w/IUP at 37w0d by 1st trimester u/s, scwd, 1st trimester bleeding, hx previous c/s x1, desiring vbac, 2vc

P: Reviewed 3rd trimester precautions, s/sx of labor, and daily fmc. Questions answered, reviewed fetal kick counts- discussed bpp if desired or if unable to do kick count. Will r/c next week or sooner prn.

signed off by

Dawn Karlin on 12/15/16, 10:22 AM

12/22/16, 10:22 AM	38.0	None	223	113/71	88	37	ROT	140	Neg / Neg	No	No
supervised by Dawn Karlin	performed by Dawn Karlin	assisted by Lauren Scarbrough			visit type In Person - Office		visit duration 35	headaches No	visual disturbances No		
dizziness No	fainting No	GI signs/symptoms No		dysuria (S&S of UTI) No		abnormal vaginal discharge No					
VD comments Every now and then chunks of mucous				bleeding No	Back/hip/pubic pain Yes						
pain comments Around sacrum and pubic symphysis, seeing chiro				itchiness No	leg cramps No	varicose veins No		injuries No			
Pre-E signs/symptoms No		Emotional/Mental status Normal			Emotional/Mental status comments Has been irritable			fatigue Yes	nausea Yes	vomiting No	
fever of 101 or more No		other No	contractions Occasional	FM ++	administered Rhogam No		performed urine test Yes		ketones Neg	nitrites Neg	
leukocytes Neg	color Light	clarity Clear	blood Neg	ph 7	s.g. 1.010	had physical exam No		labs ordered No	ultrasound ordered No		
meds/supplements No		next visit date 12/29/16, 9:00 AM									

comment

S: Saw I today for 1wk r/c appt. Has had some back pain, otherwise feeling good. Denies vb or lof.

O: see flowchart

A: 30yo G2P1001 w/IUP at 38w0d by 1st trimester u/s, scwd, 1st trimester bleeding, hx previous c/s x1, desiring vbac, 2vc

P: Reviewed 3rd trimester precautions, s/sx of labor, and daily fmc. Questions answered. Will r/c next week or sooner pm.

signed off by

Dawn Karlin on 12/22/16, 10:52 AM

Prenatal Visits

visit date	Wks	Edema	Wt	BP	Pulse	FH	Fe...	FHT	Protei...	Int. Exam	Labs
12/29/16, 9:13 AM	39.0	None	223	105/63	85	38	ROT	134	Trace / Neg	No	No
supervised by Dawn Karlin	performed by Dawn Karlin	assisted by Lauren Scarbrough	visit type In Person - Office			visit duration 30		headaches No		visual disturbances No	
dizziness No	fainting No	GI signs/symptoms No		dysuria (S&S of UTI) No		abnormal vaginal discharge No			bleeding No		
Back/hip/pubis pain Yes		pain comments Pelvic discomfort, achiness		itchiness No	leg cramps No	varicose veins No	injuries No				
Pre-E signs/symptoms No		Emotional/Mental status Normal		fatigue No	nausea Yes	vomiting No	fever of 101 or more No		other No		
contractions Occasional	contractions comments Feeling less frequent but stronger			FM ++	EFW 7lb	administered Rhogam No	performed urine test Yes		ketones Neg		
nitrites Neg	leukocytes +1	color Concentrated	clarity Cloudy	blood Neg	ph 6.5	s.g. 1.025	had physical exam No		labs ordered No		
ultrasound ordered No		meds/supplements No		next visit date 1/3/17, 10:00 AM							
comme											
S: Saw today for 1wk r/c appt. Has had some pelvic pain, otherwise feeling good. Denies vb or lof.											
O: see flowchart											
A: 30yo G2P1001 w/IUP at 39w0d by 1st trimester u/s, scwd, 1st trimester bleeding, hx previous c/s x1, desiring vbac, 2vc											
P: Reviewed 3rd trimester precautions, s/sx of labor, and daily fmc. Questions answered. Will r/c next week or sooner pm.											
signed off by											
Dawn Karlin on 12/29/16, 9:50 AM											

1/3/17, 10:01 AM	39.5	Mild	220	123/85	99	40	ROT	134	Trace / Neg	No	No
supervised by Dawn Karlin	performed by Dawn Karlin	assisted by Lauren Scarbrough	visit type In Person - Office			visit duration 30		headaches No			
headache comments Occasionally feels on verge of headache but goes away when she eats or drinks something								visual disturbances No	dizziness No	fainting No	
GI signs/symptoms No		dysuria (S&S of UTI) No		abnormal vaginal discharge No			bleeding No	Back/hip/pubis pain Yes			
pain comments Seeing chiro weekly		itchiness No	leg cramps No	varicose veins No	injuries No	Pre-E signs/symptoms No		Emotional/Mental status Normal			
fatigue Yes	fatigue comments Feels like is getting plenty of sleep, just tired			nausea Yes							
nausea comments Annoying, irregular, more common about 30min after eating					vomiting No	fever of 101 or more No		other No	contractions Occasional		
edema notes Feet and fingers		FM ++	administered Rhogam No	performed urine test Yes		ketones Trace	nitrites Neg	leukocytes Neg	color Light	clarity Cloudy	

Patient # 3

Moments of Bliss Midwifery Services LLC

blood ph s.g. had physical exam labs ordered ultrasound ordered meds/supplements next visit date
Neg 7 1.010 No No No No 1/10/17, 10:00 AM

comme

S: Saw Jay for 1wk rtc appt. Has had some nausea and back pain, otherwise feeling good. Denies vb or lof.

O: see flowchart

A: 30yo G2P1001 w/IUP at 39w5d by 1st trimester u/s, scwd, 1st trimester bleeding, hx previous c/s x1, desiring vbac, 2vc

P: Reviewed 3rd trimester precautions, s/sx of labor, and daily fmc. Questions answered. Will rtc next week or sooner pm.

signed off by

Dawn Karlin on 1/3/17, 10:19 AM

Prenatal Visits:

visit date	Wks	Edema	Wt	BP	Pulse	FH	Fe...	FHT	Protei...	Int. Exam	Labs
1/10/17, 10:10 AM	40.5	Mild	223	123/80	86	39	Vertex	134	Neg / Neg	No	No

supervised by Dawn Karlin performed by Dawn Karlin visit type In Person - Office visit duration 30 headaches No visual disturbances No dizziness No

fainting No GI signs/symptoms No GI comments Looser stools dysuria (S&S of UTI) No abnormal vaginal discharge Yes

VD comments Reddish brown mucous plug this morning, about a quarter size bleeding No Back/hip/pubis pain Yes itchininess No leg cramps No

varicose veins No injuries No Pre-E signs/symptoms No Emotional/Mental status Normal fatigue No nausea Yes vomiting No

fever of 101 or more No other No contractions Occasional edema notes Hands FM ++ administered Rhogam No performed urine test Yes ketones Neg

nitrites Neg leukocytes Neg color Concentrated clarity Clear blood Neg ph 6 s.g. 1.020 had physical exam No labs ordered No

ultrasound ordered No meds/supplements No next visit date 1/16/17, 1:00 PM

comme:

S: Saw today for 1wk rtc appt. Continues to have some nausea and back pain, otherwise feeling good. Encouraged by seeing bloody mucous plug this am. Denies vb or lof.

O: see flowchart

A: 30yo G2P1001 w/IUP at 40w5d by 1st trimester u/s, scwd, 1st trimester bleeding, hx previous c/s x1, desiring vbac, 2vc

P: Reviewed 3rd trimester precautions, s/sx of labor, and daily fmc. Questions answered. Will rtc next week or sooner pm.

signed off by

Dawn Karlin on 1/16/17, 1:10 PM

1/16/17, 1:10 PM	41.4	None	224	139/73	89	37.5	ROA	147	Neg / Neg	0, 60%	No
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supervised by Dawn Karlin performed by Dawn Karlin assisted by Lauren Scarbrough visit type In Person - Office visit duration 60 headaches No visual disturbances No

dizziness No fainting No GI signs/symptoms No dysuria (S&S of UTI) No abnormal vaginal discharge No bleeding No

Back/hip/pubis pain Yes pain comments Has chiro and acupuncture appt tomorrow itchininess No leg cramps No varicose veins No injuries No

Pre-E signs/symptoms No Emotional/Mental status Normal Emotional/Mental status comments Really emotional today about wanting labor to start fatigue Yes nausea No

vomiting No fever of 101 or more No other No contractions Occasional FM ++ administered Rhogam No performed urine test Yes ketones Neg

nitrites Neg leukocytes +2 color Concentrated clarity Clear blood Neg ph 7 s.g. 1.010 fetal station -2 had physical exam No labs ordered No

ultrasound ordered No	meds/supplements No	next visit date 1/18/17, 12:00 PM
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commmer
 S: Saw day for 1wk r/c appt. Ready for baby, emotional, teary eyed. Denies vb or lof.
 O: see flowchart
 A: 30yo G2P1001 w/IUP at 41w4d by 1st trimester u/s, scwd, 1st trimester bleeding, hx previous c/s x1, desiring vbac, 2vc
 P: Reviewed 3rd trimester precautions, s/sx of labor, and daily fmc. Questions answered. Discussed options for plan of care including continued expectant management with recommendation for BPP in the next couple of days, foley bulb for labor encouragement, herbal/homeopathics for labor, transfer of care to hospital provider. At this time she elects to do foley and will consider herbals/homeopathics over the next couple of days. She will keep appt for acupuncture and chiro tomorrow if not in labor. Foley bulb placed intracervically- She will let me know when the foley bulb falls out.
 signed off by
 Dawn Karlin on 1/16/17, 10:18 PM

Prenatal Visits											
visit date	Wks	Edema	Wt	BP	Pulse	FH	Fe...	FHT	Protei...	Int. Exam	Labs
1/16/17, 8:13 PM	41.4						ROA	143-150		5, 80%	
supervised by Dawn Karlin	performed by Dawn Karlin	visit type In Person - Home	visit duration 15	FM ++	fetal station -2						
comments Received text from 6:30pm that foley bulb is out so made plan to go after clinic to her home to do a check and sweep. Sve with sweep completed, reviewed call when pattern is 4-1-1 or sooner Pm. She verbalized understanding and will continue to plan to do acupuncture and chiropractor tomorrow if not in labor. signed off by Dawn Karlin on 1/16/17, 10:14 PM											

Lab Result					
signed off by Dawn Karlin on 12/16/16, 10:08 AM					
labs drawn date 12/6/16	lab title Final results from RML for Group B Strep Culture	lab is for Mom	Wks 35.5 GA	report status Final	
	collected date 12/6/16, 2:55 PM	received by lab date 12/6/16, 11:35 PM	results reported date 12/8/16, 9:08 AM		
lab ordered by DAWN KARLIN	GBS Positive				

status test result
Final Group B Strep Culture FOOTNOTE

notes

***** Notes Begin *****
*** Accession: 16-341-007570

*** Microbiology

*** Procedure: Group B Strep Culture [private comments]
*** Source: Vag/Rect Body Site:
*** Collected 12/06/2016 Received 12/06/2016
*** Date/Time: 14:55 Date/Time: 23:35
*** Start Date/ 12/06/2016 23:35
*** Time:

*** **FINAL REPORTS**
*** Verified Date/Time: 12/08/2016 09:08
*** Positive for Streptococcus agalactiae (Group B)

*** Performing Locations
*** pl: This test was performed at:
*** RML Tulsa Central Lab, 4142 S Mingo Rd.,
*** Tulsa, OK, 74146- , USA
***** Notes End *****

Lab Result

labs drawn date	lab title	Wks	report status
12/6/16	Preliminary results from RML for Group B Strep Culture	35.5 GA	Preliminary
	collected date received by lab date results reported date		
	12/6/16, 2:55 PM 12/6/16, 11:35 PM 12/7/16, 2:55 PM		

lab ordered by
DAWN KARLIN

status test result
Preliminary Group B Strep Culture FOOTNOTE

notes

***** Notes Begin *****
*** Accession: 16-341-007570

*** Microbiology

*** Procedure: Group B Strep Culture [private comments]
*** Source: Vag/Rect Body Site:
*** Collected 12/06/2016 Received 12/06/2016
*** Date/Time: 14:55 Date/Time: 23:35
*** Start Date/ 12/06/2016 23:35
*** Time:

*** **PRELIMINARY REPORTS**
*** Verified Date/Time: 12/07/2016 14:55
*** Culture in progress

*** Performing Locations
*** pl: This test was performed at:
*** RML Tulsa Central Lab, 4142 S Mingo Rd.,
*** Tulsa, OK, 74146- , USA
***** Notes End *****

Lab Result

signed off by: Dawn Karlin on 10/12/16, 3:04 PM

labs drawn date	lab title	lab is for	Wks	report status
10/6/16	Final results from RML for VIT D TOTL	Mom	27.0 GA	Final
	collected date received by lab date results reported date			
	10/6/16, 2:40 PM 10/7/16, 12:17 AM 10/7/16, 1:10 AM			

lab ordered by
DAWN KARLIN

vitamin D
20

Admissions

Admission Time	Contraction...	BP	Fe...	FHT	Contraction Fr...	Internal Exam	Discharged
1/17/17, 6:15 PM	1/17/17, 9:00 AM	125/94	LOP	128	3-5, 60, Mod	No	No
<p>weeks gestation 41.5</p> <p>Subjective</p> <p>Last Food Eaten Last Time Slept Last Bowel Movement Recent Hydration Lunch at 12:00pm Slept from 2:00-4:00am 1-16-17 Drinking juice smoothie currently</p> <p>Emotions location pulse Tmp performed urine test Ready to meet her baby Home 103 98 No</p> <p>time of arrival person(s) 1/17/17, 6:15 PM Lauren Scarbrough</p> <p>time of arrival person(s) 1/17/17, 7:15 PM Dawn Karlin</p> <p>had physical exam comments signed off by No coping well, pacing/swaying and breathing through UC Dawn Karlin on 1/18/17, 3:17 AM</p>							

Labor Flow

Status Time	Labor Status	BP	Pulse	Tmp	Fe...	FHT	Contraction Fr...	Internal Exam	Inp...
1/17/17, 6:15 PM	1st Stage - Active	125/94	103	98.8	LOP	128	3-5, 60, Strg	No	
<p>Labor Status supervised by performed by maternal position maternal location signed off by 1st Stage - Active Dawn Karlin Lauren Scarbrough Reclining Couch Dawn Karlin on 1/18/17, 3:17 AM</p>									
1/17/17, 6:40 PM	1st Stage - Active				LOP	128-142	3-5, 60, Mod	No	
<p>Labor Status supervised by performed by maternal position positioned on or with maternal location 1st Stage - Active Dawn Karlin Lauren Scarbrough Reclining Couch Couch</p> <p>FHT status signed off by Accels Dawn Karlin on 1/18/17, 3:17 AM</p>									
1/17/17, 6:51 PM	1st Stage - Active						3-5, 60, Mod	No	
<p>Labor Status supervised by performed by maternal position positioned on or with maternal location 1st Stage - Active Dawn Karlin Lauren Scarbrough Kneeling Floor Floor</p> <p>comments signed off by Abx administered in left hip, Rocephin 1gram Dawn Karlin on 1/18/17, 3:17 AM</p>									
1/17/17, 7:00 PM	1st Stage - Active					145	3-5, 60, Mod	No	
<p>Labor Status supervised by performed by maternal position positioned on or with maternal location 1st Stage - Active Dawn Karlin Lauren Scarbrough Reclining Floor Floor</p> <p>signed off by Dawn Karlin on 1/18/17, 3:17 AM</p>									
1/17/17, 7:20 PM	1st Stage - Active				LOT	139	4-5, 60, Mod	No	
<p>Labor Status supervised by performed by maternal position positioned on or with maternal location 1st Stage - Active Dawn Karlin Lauren Scarbrough Reclining Floor Floor</p> <p>signed off by Dawn Karlin on 1/18/17, 3:17 AM</p>									
1/17/17, 7:36 PM	1st Stage - Active				LOT	143	4-5, 60, Mod	No	
<p>Labor Status supervised by performed by maternal position maternal location signed off by 1st Stage - Active Dawn Karlin Lauren Scarbrough Standing Floor Dawn Karlin on 1/18/17, 3:17 AM</p>									
1/17/17, 7:44 PM	1st Stage - Active				LOT		4-5, 60, Mod	6, 80%	
<p>Labor Status supervised by performed by maternal position positioned on or with maternal location 1st Stage - Active Dawn Karlin Lauren Scarbrough Reclining Bed Bed</p>									

fetal station signed off by
-1 Dawn Karlin on 1/18/17, 3:17 AM

Labor Flow

Status Time	Labor Status	BP	Pulse	Temp	Fa...	FHT	Contraction Fr...	Internal Exam	Imp...
1/17/17, 7:57 PM	1st Sta...								
Labor Status	supervised by	performed by	comments						
1st Stage - Active	Dawn Karlin	Lauren Scarbrough	into bed, onto left side with peanut ball between knees Gentle birth incisure taken						
signed off by Dawn Karlin on 1/18/17, 3:17 AM									
1/17/17, 8:03 PM	1st Sta...				LOT	153	4-5, 60, Mod	No	
Labor Status	supervised by	performed by	maternal position	maternal location	signed off by				
1st Stage - Active	Dawn Karlin	Lauren Scarbrough	Reclining	Bed	Dawn Karlin on 1/18/17, 3:17 AM				
1/17/17, 8:29 PM	1st Sta...				LOT	153	4-5, 60, Mod	No	
Labor Status	supervised by	performed by	maternal position	positioned on or with	maternal location				
1st Stage - Active	Dawn Karlin	Lauren Scarbrough	Lithotomy	Bed	Bed				
signed off by Dawn Karlin on 1/18/17, 3:17 AM									
1/17/17, 9:05 PM	1st Sta...				LOA	153	3-5, 45-60, Mod		Void, BM
Labor Status	supervised by	performed by	maternal position	positioned on or with	maternal location				
1st Stage - Active	Dawn Karlin	Lauren Scarbrough	Kneeling	Birth/Exercise Ball	Exercise/Peanut Ball				
FHT status	Input / Output	signed off by							
Accels	Void, BM	Dawn Karlin on 1/18/17, 3:17 AM							
1/17/17, 9:25 PM	1st Sta...				Vertex	120	3-4, 50-60, Mod		
Labor Status	supervised by	performed by	maternal position	maternal location	FHT status				
1st Stage - Active	Dawn Karlin	Lauren Scarbrough	Kneeling	Exercise/Peanut Ball	Accels				
comments signed off by Breathing through UC, reporting hip discomfort Dawn Karlin on 1/18/17, 3:17 AM									
1/17/17, 9:35 PM	1st Sta...								Vomit
Labor Status	supervised by	performed by	Input / Output						
1st Stage - Active	Dawn Karlin	Lauren Scarbrough	Vomit						
comments signed off by Peppermint and grapefruit EO diffusing on paper towel Dawn Karlin on 1/18/17, 3:17 AM									
1/17/17, 9:51 PM	1st Sta...				Vertex	131	3-4, 60, Mod	No	Water
Labor Status	supervised by	performed by	assisted by	maternal position	positioned on or with				
1st Stage - Active	Dawn Karlin	Dawn Karlin	Lauren Scarbrough	Hands & Knees	Birth/Exercise Ball				
maternal location	FHT status	Input / Output	comments						
Bed	Accels	Water	Rebozo shaking hips x10uc.						
signed off by Dawn Karlin on 1/18/17, 3:17 AM									
1/17/17, 10:17 PM	1st Sta...				Vertex	123	4-5, 60, Mod	No	Water/void
Labor Status	supervised by	performed by	assisted by	maternal position	maternal location				
1st Stage - Active	Dawn Karlin	Dawn Karlin	Lauren Scarbrough	Sitting	Bed				
FHT status	Input / Output	signed off by							
Accels	Water/void	Dawn Karlin on 1/18/17, 3:17 AM							
1/17/17, 10:42 PM	1st Sta...				Vertex	133	3, 60, Mod	No	
Labor Status	supervised by	performed by	assisted by	maternal position	positioned on or with				
1st Stage - Active	Dawn Karlin	Lauren Scarbrough	Lauren Scarbrough	Standing	Floor				
maternal location	signed off by								
Floor	Dawn Karlin on 1/18/17, 3:17 AM								

Labor Flow

Status Time	Labor Status	BP	Pulse	Temp	Fe...	FHT	Contraction Fr...	Internal Exam	Imp...
1/17/17, 11:01 PM	1st Sta...						3-4, 60, Strg		
Labor Status	supervised by	performed by	assisted by		comments		signed off by		
1st Stage - Active	Dawn Karlin	Lauren Scarbrough	Lauren Scarbrough		Purple line estimate 8cm		Dawn Karlin on 1/18/17, 3:17 AM		
1/17/17, 11:02 PM	1st Sta...				LOA	129	3-4, 60, Strg		
Labor Status	supervised by	performed by	assisted by		FHT status	signed off by			
1st Stage - Active	Dawn Karlin	Lauren Scarbrough	Lauren Scarbrough		Accels	Dawn Karlin on 1/18/17, 3:17 AM			
1/17/17, 11:18 PM	1st Sta...	136/86	105	98.7	LOA	140	3-4, 60, Strg	No	Vomit
Labor Status	supervised by	performed by	assisted by		maternal position		positioned on or with		
1st Stage - Active	Dawn Karlin	Lauren Scarbrough	Lauren Scarbrough		Hands & Knees		Floor		
maternal location	Input / Output	comments		signed off by					
Floor	Vomit	Feels like UC are getting more intense		Dawn Karlin on 1/18/17, 3:17 AM					
1/17/17, 11:43 PM	1st Sta...				Vertex	139	3, 60, Strg	No	
Labor Status	supervised by	performed by	assisted by		maternal position		positioned on or with		
1st Stage - Active	Dawn Karlin	Lauren Scarbrough	Lauren Scarbrough		Kneeling		Birth/Exercise Ball		
maternal location	FHT status	comments		signed off by					
Floor	Accels	Feeling more pressure on tailbone		Dawn Karlin on 1/18/17, 3:17 AM					
1/18/17, 12:08 AM	1st Sta...				Vertex	140	3, 60, Strg	No	
Labor Status	supervised by	performed by	assisted by		maternal position		positioned on or with		
1st Stage - Active	Dawn Karlin	Lauren Scarbrough	Lauren Scarbrough		Sitting		Birth/Exercise Ball		
maternal location	signed off by								
Exercise/Peanut Ball	Dawn Karlin on 1/18/17, 3:17 AM								
1/18/17, 12:36 AM	1st Sta...				Vertex	128	3, 60, Strg	No	
Labor Status	supervised by	performed by	assisted by		maternal position		positioned on or with		
1st Stage - Active	Dawn Karlin	Lauren Scarbrough	Lauren Scarbrough		Standing		Floor		
maternal location	FHT status	signed off by							
Floor	Accels	Dawn Karlin on 1/18/17, 3:17 AM							
1/18/17, 12:47 AM	1st Sta...				Vertex	130	3, 60, Strg	No	Wat...
Labor Status	supervised by	performed by	assisted by		maternal position		positioned on or with		
1st Stage - Active	Dawn Karlin	Lauren Scarbrough	Lauren Scarbrough		Standing		Floor		
maternal location	FHT status	Input / Output							
Floor	Accels	Water/ void							
comments							signed off by		
is going to move to into bed on left side with peanut ball between knees						Dawn Karlin on 1/18/17, 3:17 AM			
1/18/17, 1:36 AM	1st Sta...				Vertex	116-120	4-6, 60, Mod		
Labor Status	supervised by	performed by	maternal position		positioned on or with		side	maternal location	
1st Stage - Active	Dawn Karlin	Dawn Karlin	Side		Peanut Ball		Left	Bed	
comments	signed off by								
Resting between UC. Reports +fm with UC.				Dawn Karlin on 1/18/17, 3:17 AM					
1/18/17, 2:13 AM	1st Sta...						6, 80%		
Labor Status	supervised by	performed by	fetal station						
1st Stage - Active	Dawn Karlin	Dawn Karlin	-1						
comments							signed off by		
Attempting to check Fht's, unable to auscultate, flipped to all fours, Sve 6cm, bloody show						Dawn Karlin on 1/18/17, 3:17 AM			
1/18/17, 2:22 AM	1st Sta...	142/85	80	98.5					

Labor Status supervised by performed by assisted by
1st Stage - Active Dawn Karlin Dawn Karlin Lauren Scarbrough

comments

Still unable to auscultate FHT's, 911 call placed
O2 via flowby at 10L, chest down with bottom up
Attempted to check FHT's vaginally with Doppler and over entire abdomen, still unable to auscultate

signed off by
Dawn Karlin on
1/18/17, 3:17 AM

Labor Flow

Status Time	Labor Status	BP	Pulse	Temp	Fa...	FHT	Contraction Fr...	Internal Exam	Inp...
1/18/17, 2:41 AM	1st Sta...								
Labor Status	supervised by	performed by	assisted by	comments		signed off by			
1st Stage - Active	Dawn Karlin	Dawn Karlin	Lauren Scarbrough	EMS here at 0230		Dawn Karlin on 1/18/17, 3:17 AM			
1/18/17, 2:42 AM	1st Sta...								
Labor Status	supervised by	performed by	assisted by	comments		signed off by			
1st Stage - Active	Dawn Karlin	Lauren Scarbrough	Lauren Scarbrough	ambulance,, waiting for ambulance to go		Dawn Karlin on 1/18/17, 3:17 AM			
1/18/17, 6:00 AM	Delivered								
Labor Status	time of birth (body)	baby caught by	location	comments		signed off by			
Delivered	1/18/17, 3:20 PM	Hospital staff	Hospital	Time of birth estimated.		Dawn Karlin on 1/19/17, 8:03 PM			

Newborn Details

signed off by Dawn Karlin on 1/19/17, 7:56 PM

outcome EGA by EDD at birth delivery type newborn DOB gender birth weight
Still Birth 41.6 C-Section 1/18/17, 3:20 PM Female

signed off by
Dawn Karlin on 1/19/17, 7:56 PM

Hospital Transfer - Mother

signed off by Dawn Karlin on 1/18/17, 3:50 AM

1st call placed call was placed with time of subsequent calls emergency personnel arrival time of departure (required)
1/18/17, 2:22 AM 911 0250- hospital L&D Keri 1/18/17, 2:30 AM 1/18/17, 2:45 AM
arrival at facility mother status transport method receiving facility disposition condition of mom at transfer
1/18/17, 3:05 AM In 1st Stage Ambulance Southwest Integris medical center Admitted Mom- stable, fetus- unknown

transfer comments (including any information regarding the medical care of the client and outcome) signed off by
taken to OR for repeat cesarean at 0347. Suspected uterine rupture with placental abruption and fetal demise. Dawn Karlin on 1/18/17, 3:50 AM

Hospital Transfer - Infant

signed off by Dawn Karlin on 1/18/17, 3:17 AM

signed off by
Dawn Karlin on 1/18/17, 3:17 AM

Birth Summary

1st stage early 1st stage active 1st stage total 2nd stage length of ROM 1st stage start time 2nd stage start time
9 hrs 15 mins 21 hrs 5 mins 30 hrs 20 mins 0 hrs 0 mins 0 hrs 0 mins 1/17/17, 9:00 AM 1/18/17, 3:20 PM
time of delivery baby caught by location delivery comments time mother transferred mother transferred to
1/18/17, 3:20 PM Hospital staff Hospital Time of birth estimated. 1/18/17, 2:45 AM Southwest Integris medical center
maternal transfer comments
taken to OR for repeat cesarean at 0347. Suspected uterine rupture with placental abruption and fetal demise.

Mother Postpartum

Visit Date	Wks	blood pressure	Fundus	Breasts	Lochia	Perineum	Phys. Exam
1/19/17, 7:56 PM							

visit location supervised by performed by 6-8 week visit
Hospital Dawn Karlin Dawn Karlin No

plans & procedures

Saw / today just prior to discharge home from the hospital. She reports her pain is well controlled with Percocet. She and have made arrangements for counseling and has reached out to her community for support and feels well loved and supported at this time. She does express concern for the development of motherwort recommended along with rescue remedy and ignatious homeopathic, all provided with instructions for use and encouragement to ask for medical help as needed if these efforts are not effective. We made plans for home visits: assistant to follow up in a couple of days and I will follow up in one week or sooner as needed and we will keep in contact via phone prior to that.

signed off by

Dawn Karlin on 1/19/17, 8:03 PM

1/23/17, 1:15 PM 0.5 126/85 Ffml@u-3 Lactating Scant rubra Intact No

visit location supervised by performed by visit duration 6-8 week visit review of diet
Home Dawn Karlin Dawn Karlin 30 No Regular

review of activity level or exercise Emotional and Social Wellbeing BM/Void
Self care, resting when possible Doing well overall Pm no issues

supplements or herbs is breastfeeding? breastfeeding notes resumed intimacy?
Prrv, herbals- motherwort, rescue remedy No Pumping twice a day to donate milk

pulse temp Fundus Breasts Lochia Perineum administered Rhogam next visit date
84 97.9 Ffml@u-3 Lactating Scant rubra Intact No 2/6/17, 3:00 PM

plans & procedures

Saw / today for 5day ppv after repeat cesarean/still birth. She reports physically doing well and feels emotionally stable.

Incision is CDI, healing well, no redness or swelling or drainage. She does have a small blood blister about 2 inches above and to the left of the left side of her incision, looks like reaction to adhesive.

Assistant will fu within the week with home ppv and / will rtr in 2wks for ppv or sooner Pm.

signed off by

Dawn Karlin on 1/23/17, 3:12 PM

1/26/17, 5:05 PM 1.1 126/89 Ffml @ u-3 Lactating Very light rubra Intact No

visit location supervised by performed by visit duration 6-8 week visit review of diet
Home Dawn Karlin Lauren Scarbrough 80 No Staying well nourished and hydrated

review of activity level or exercise Emotional and Social Wellbeing BM/Void
Resting well, anxious to be more active Doing well, working through trauma/loss appropriately Pm no issues

supplements or herbs is breastfeeding? is exclusively breastfeeding?
Prenatal, probiotic, vitamin d, motherwort tincture, rescue Yes No

remedy, homeopathics- amica & ignatia Amara,

ibuprofen, Percocet
breastfeeding notes resumed intimacy? pulse temp Fundus Breasts
Still breastfeeding 3 year old a few times a day 80 98.9 Ffml @ u-3 Lactating

Lochia Perineum administered Rhogam
Very light rubra Intact No

plans & procedures

is pumping daily and dealing with mild/moderate engorgement. She / will see for
the first time on Monday, January 30th, she also has a follow up visit with the OB that day. Her incision is healing appropriately and as expected.

signed off by

Dawn Karlin on 1/27/17, 1:00 PM

2/6/17, 3:32 PM 2.5 121/74 Involuting well Lactating Light rubra, h... Intact

visit location supervised by performed by assisted by visit duration 6-8 week visit review of diet
Office Dawn Karlin Dawn Karlin Lauren Scarbrough 45 No Reg

review of activity level or exercise Emotional and Social Wellbeing BM/Void
Resuming ADL as tolerated Feeling good Pm no issues

supplements or herbs is breastfeeding? breastfeeding notes resumed intimacy? pulse
Prrv No Pumping twice a day, donating milk No 80

Fundus	Breasts	Lochia	Perineum	administered Rhogam
Involuting well	Lactating	Light rubra, had some increased bleeding for a couple of days, thinks she overdid it trying to get ready for open house	Intact	No
next visit date	plans & procedures	signed off by		
2/27/17, 9:00 AM	Weight 203	Dawn Karlin on 2/6/17, 3:46 PM		
Normal 3wk ppv. Will r/c in 3wks for 6wk ppv or sooner Pm.				
Incision is healing well.				

Mother Postpartum

Visit Date	Wks	blood pressure	Fundus	Breasts	Lochia	Perineum	Phys. Exam
2/27/17, 9:16 AM	5.5	124/87	Well involuted	Lactating	Has stopped	Intact	Yes
visit location	supervised by	performed by	assisted by	visit duration	6-8 week visit	review of diet	
Office	Dawn Karlin	Dawn Karlin	Lauren Scarbrough	45	Yes	Regular	
review of activity level or exercise		Emotional and Social Wellbeing		supplements or herbs		is breastfeeding?	
Has resumed adl w/o difficulty		Good		None		No	
breastfeeding notes		resumed intimacy?	family planning	father's involvement	return to work	pulse	Wt
Pumping and donating			Caya	Good	In april	80	204
Fundus	Breasts	Lochia	Perineum	administered Rhogam	HEENT	lungs	extremities & skin
Well involuted	Lactating	Has stopped	Intact	No	Normal	Normal	Normal
heart		pap performed					
Normal		No					
plans & procedures							
Normal 6wk ppv.							
We had discussed contraception last visit and sent a Caya sample home with her to try. Caya purchased today.							
Reports incision has healed well, no concerns.							
Has been to , has weekly appts.							
Denies needs at this time.							
signed off by							
Dawn Karlin on 2/27/17, 11:13 AM							

Billing

Date Time	Previo...	New Fee	Payment	New Balance	insurance owes	patient owes	next payment due
5/12/16, 10:58 AM	\$0.00	\$2500	\$500	\$2000.00	\$0	\$2000	
fee type	patient resp.	ins. resp.	payment method	check #	comments		
Standard Midwifery Package	\$2500	\$0	Check	5252	Deposit received, thanks!		
7/6/16, 11:39 AM	\$2000.00		\$250	\$1750.00	\$0	\$1750	
patient resp.	ins. resp.	payment method	check #	comments			
\$0	\$0	Check	5258	Payment received, thanks!			
10/8/16, 1:03 PM	\$1750.00	\$15.63		\$1765.63	\$0	\$1765.63	
fee type	patient resp.	ins. resp.	comments				
Labs	\$15.63	\$0	Fee for CBC, 1 hr gs, and vitamin d level				
10/27/16, 11:37 AM	\$1765.63		\$1000	\$765.63	\$0	\$765.63	
patient resp.	ins. resp.	payment method	check #	comments			
\$0	\$0	Check	5272	Payment received, thanks!			
11/10/16, 4:55 PM	\$765.63		\$300	\$465.63	\$0	\$465.63	
patient resp.	ins. resp.	payment method	check #	comments			
\$0	\$0	Check	5274	Payment received, thanks!			
12/5/16, 2:58 PM	\$465.63	\$10.55		\$476.18	\$0	\$476.18	
fee type	patient resp.	ins. resp.	comments				
Labs	\$10.55	\$0	Lab fee for gbs				

11/23/2018 14:05 FAX

@901

Ultrasound Unlimited, Inc.

2805 South Bryant

Edmond, Okla 73013

405-338-2225

www.ultrasoundunlimited.com

Mailing Address:

2712 Shady Tree Lane

Edmond, Okla. 73013

OB ULTRASOUND

Name _____ Date 11/16/16
 Referring Physician Dr. Kaplin OB History: pregnancies 2 children 1 miscarriages
 Reason for exam Fetal size - check for
2 or 3 vessel cord
☒ Within Normal Limits ☐ NS - Not Seen ☐ Abnormality - See Comments Below

Gestation <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple # _____	Fetus <input checked="" type="checkbox"/> Somatic activity <input checked="" type="checkbox"/> Cardiac activity <input checked="" type="checkbox"/> Respiration	Fetal Position <input checked="" type="checkbox"/> Vertex <input type="checkbox"/> Breech <input type="checkbox"/> Frank Foot <input type="checkbox"/> Oblique Head: R L <input type="checkbox"/> Transverse Head: R L Fetal Spine is Maternal <input checked="" type="checkbox"/> R L Ant Post Sup Inf Position: <u>R OP</u> Unstable
Fetal Anatomy <input checked="" type="checkbox"/> Kidneys R L Both <input checked="" type="checkbox"/> Bladder <input checked="" type="checkbox"/> Extremities 1 2 3 4 <input checked="" type="checkbox"/> Aorta <input checked="" type="checkbox"/> Stomach	Amniotic Fluid <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Mild <input type="checkbox"/> Severe AFI <u>2.8</u> Qu's	Placenta <input checked="" type="checkbox"/> Anterior <input type="checkbox"/> Posterior <input type="checkbox"/> Fundal <input checked="" type="checkbox"/> Lateral R L <input type="checkbox"/> Low Lying <input type="checkbox"/> Previa <input type="checkbox"/> Marginal <input type="checkbox"/> Partial <input type="checkbox"/> Total <input type="checkbox"/> Abruptio

☒ Ventricles
☒ Thalamus
☒ Spine
☒ Cerv. Head Junc.
☒ Cord Vessel
☒ Cord Insert
☒ Abd. Plac
☒ Diaphragm
☒ 4 Chamber Heart

GRADE 0 1 II III
 Heart Rate 141 Beats / Min.

	mm's	weeks	days	Clinical	Ultrasound
Gestational Age					
Crown Rump					RFW <u>4</u> lbs <u>9</u> oz
BPD	<u>8.5</u>	<u>32</u>	<u>6</u>	LMP <u>4/14/16</u>	EFW <u>2.0</u> lbs <u>11</u> oz
Head Circ.	<u>29.6</u>	<u>32</u>	<u>6</u>	MA <u>32</u> wks <u>6</u> days	MA <u>32</u> wks <u>6</u> days
Abd Circ.	<u>25.8</u>	<u>32</u>	<u>6</u>		
Femur Length	<u>63.8</u>	<u>33</u>	<u>0</u>	EDC <u>1/5/17</u>	EDC <u>1/5/17</u>
H/A Ratio	<u>1.03</u>				
Cephalic Index	<u>79.00</u>	(78.3 ± 8.8) Ranges		EDC by previous US if applicable <u>1/5/17</u>	

Comments: There is a 2 vessel cord - mild
 AFI - slight irregular heart beat
 though baby was moving a lot!

Barbara Pennell RDMs

SONOGRAPHER

This is the sonographer's impression, and is not intended as a diagnosis or an interpretation.

01/22/2014 15:50 FAX

0001

Ultrasound Unlimited, Inc.
2805 South Bryant
Edmond, Okla. 73013
405-330-2225
www.ultrasoundunlimited.com

Mailing Address:
2712 Shady Tree Lane
Edmond, Okla. 73013

OB ULTRASOUND

Name: _____ Age: 30 Date: 8/15/15
Referring Physician: D. Keelin OB History: pregnancies 2 children 1 miscarriages
Reason for exam: Fetal Size

<input checked="" type="checkbox"/> Within Normal Limits NS = Not Seen Abnormality - See Comments Below		
Gestation <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple	Fetus <input checked="" type="checkbox"/> Spontaneous activity <input checked="" type="checkbox"/> Cardiac activity <input type="checkbox"/> Respiration	Fetal Position Vertex <input checked="" type="checkbox"/> Frank <input checked="" type="checkbox"/> Oblique <input type="checkbox"/> Head: R <input type="checkbox"/> L <input type="checkbox"/> Transverse <input type="checkbox"/> Head: R <input type="checkbox"/> L <input type="checkbox"/> Retal Spine to Maternal: R <input type="checkbox"/> L <input type="checkbox"/> Sup <input type="checkbox"/> Inf <input type="checkbox"/> Position: <u>OP</u> Unstable
Fetal Anatomy <input checked="" type="checkbox"/> Kidneys <input checked="" type="checkbox"/> Bladder <input checked="" type="checkbox"/> Extremities <input checked="" type="checkbox"/> Aorta <input checked="" type="checkbox"/> Stomach <input checked="" type="checkbox"/> Vertebrae <input checked="" type="checkbox"/> Thalamus <input checked="" type="checkbox"/> Spine <input checked="" type="checkbox"/> Cerv. Head Junc. <input checked="" type="checkbox"/> 3 Cord Vessel <input checked="" type="checkbox"/> Cord Insert <input checked="" type="checkbox"/> Plac <input checked="" type="checkbox"/> Diaphragm <input checked="" type="checkbox"/> 4 Chamber Heart	Amniotic Fluid <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Mild <input type="checkbox"/> Severe AFI <u>15.9</u> cm's	Placenta Anterior <input type="checkbox"/> Previa <input type="checkbox"/> Posterior <input type="checkbox"/> Marginal <input type="checkbox"/> <input checked="" type="checkbox"/> Placental <input type="checkbox"/> Partial <input type="checkbox"/> <input checked="" type="checkbox"/> Lateral <input type="checkbox"/> Total <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Low Lying <input type="checkbox"/> Abruptio <input type="checkbox"/> GRADE <u>II</u> I II III Heart Rate <u>141</u> Beats / Min.

Measurements

mm's	weeks	days	Clinical	Ultrasound
Gestational Sac				
Crown Rump				
BPD	<u>9.1</u>	<u>20</u>	<u>2</u>	LMP <u>12/22/15</u>
Head Circ	<u>17.5</u>	<u>20</u>	<u>0</u>	EFW <u>326</u> lbs
Abd. Circ	<u>14.6</u>	<u>19</u>	<u>0</u>	MA <u>34</u> wks <u>2</u> days
Femur Length	<u>32.3</u>	<u>20</u>	<u>0</u>	EDC <u>9/27/16</u>
H/A Ratio	<u>1.20</u>			EDC <u>1/5/17</u>
Cephalic Index	<u>77.9</u>	(78.3 +/- 8.8) Ranges		EDC by previous U/S if applicable <u>1/5/17</u>

Comments: Dates were off with first U/S.
Appears to be a 2 vessel cord in most views.
minimal fetal renal dilatation though within normal range.

Barbara Pennell RDMs
SONOGRAPHER

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Mailing Address
2712 Shady Tree Lane
Edmond, Okla 73013

OB ULTRASOUND

Name: _____ Age: 30 Date: 5/10/16
Referring Physician: D. K. R. L. M. OB History: pregnancies 2 children 1 miscarriages
Reason for exam: spotting Fetal Age

✓ = Within Normal Limits NS = Not Seen Abnormality - See Comments Below

Gestation <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple # _____	Fetus <input checked="" type="checkbox"/> Somatic activity <input checked="" type="checkbox"/> Cardiac activity <input type="checkbox"/> Respiration	Fetal Position <input type="checkbox"/> Vertex <input type="checkbox"/> Breech <input type="checkbox"/> Frank Foot <input type="checkbox"/> Oblique <input type="checkbox"/> Head: R L <input type="checkbox"/> Transverse: R L <input type="checkbox"/> Head: R L Fetal Spine to Maternal R L Ant Post Sup Inf Position _____ Unstable
Fetal Anatomy Kidneys: _____ R L Both _____ Bladder _____ Extremities 1 2 3 4 _____ Aorta _____ Stomach _____ Ventricles _____ Thalamus _____ Spine _____ Cerv. Head Junc. _____ 3 Cord Vessel _____ Cord Insert _____ Abd. Plac _____ Diaphragm _____ 4 Chamber Heart _____	Amniotic Fluid <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Mild <input type="checkbox"/> Severe AFI _____ cm's	Placenta Anterior _____ Posterior _____ Fundal _____ Lateral _____ R L _____ Low Lying _____ Previa _____ Marginal _____ Partial _____ % Total _____ Abruptio _____ GRADE 0 I II III Heart Rate <u>162</u> Beats / Min.



	mm's	weeks	days	Clinical	Ultrasound
Gestational Sac	<u>13.2</u>	<u>6</u>	<u>2</u>		EFW _____ lbs _____ oz
Crown Rump	<u>8.5</u>	<u>6</u>	<u>6</u>	LMP <u>12/22/15</u>	EFW _____ gms
BPD	<u>4.2</u>	<u>6</u>	<u>2</u>		
Head Circ				MA <u>20</u> wks <u>6</u> days	MA <u>6</u> wks <u>4</u> days
Abd Circ				EDC <u>9/27/15</u>	EDC <u>1/5/17</u>
Femur Length					
H/A Ratio					
Cephalic Index				(78.3 - 88) Ranges	EDC by previous US if applicable

Comments: Available intrauterine pregnancy
is seen. A 2cm Rt ovarian cyst
is also seen

Barbara Pennell RDMS

SONOGRAPHER

This is the sonographer's impression, and is not intended as a diagnosis or an interpretation.

2016-Jul-06 12:44 PM MERCY

MERCY HOSPITAL OKLAHOMA CITY
4300 W Memorial
Oklahoma City OK 73120-8904

Operative Report signed by Hager, Julie S, MD at 1/14/2014 6:57 AM

Author: Hager, Julie S, MD
Filed: 1/14/2014 6:57 AM
Status: Signed

Service: (none)
Note Time: 12/23/2013 9:39 PM
Editor: Hager, Julie S, MD (Physician)
Trans Status: Available
Trans Doc Type: Operative Note

Author Type: Physician
Note Type: Operative Report
Dictation Time:

Trans Time:

MERCY HOSPITAL OKLAHOMA CITY
OKLAHOMA CITY, OK

PATIENT NAME:
CSN:
MRN:
DOB:
PROVIDER:

OPERATIVE/PROCEDURE REPORT

DATE OF OPERATION/PROCEDURE 12/23/2013

PREOPERATIVE DIAGNOSES:

1. Intrauterine pregnancy at 40-6/7th weeks.
2. Status post cervical opening and induction with Pitocin and artificial rupture of membranes.
3. GBS positive, treated.
4. Arrest of dilation at 2 cm.
5. Intermittent late decelerations with overall reassuring fetal status throughout labor.

POSTOPERATIVE DIAGNOSES:

1. Intrauterine pregnancy at 40-6/7th weeks.
2. Status post cervical opening and induction with Pitocin and artificial rupture of membranes.
3. GBS positive, treated.
4. Arrest of dilation at 2 cm.
5. Intermittent late decelerations with overall reassuring fetal status throughout labor.

PROCEDURE:

Primary low transverse cesarean section.

SURGEON:

Gary F Strebel, MD.

ASSISTANT:

Jennifer Strobel

ANESTHESIA:

Epidural per Dr. Hickey.

ESTIMATED BLOOD LOSS:

600 mL

FINDINGS:

1. Viable male infant in the OT presentation with 1 nuchal cord weighing 5 pounds 10 ounces with Apgars of 8 and 9.

OKLA HEALTH INFORMATION
MANAGEMENT
4300 W Memorial

Printed by 81002 at 7/8/16 12:54 PM

2016-04-05 12:44 PM MERCY HIM 4657523856

MERCY HOSPITAL, OKLAHOMA CITY
4300 W Memorial
Oklahoma City OK 73120-3904

Operative Report signed by Hager, Julie S, MD at 1/14/2014 8:57 AM (continued)

2. Normal appearing placenta.

COMPLICATIONS:
None.

INDICATIONS:
This patient is a 27-year-old, gravida 4, para 0 with 40-0/7th weeks who presented for a cervical opening and induction of labor. She underwent cervical opening, but did not have a significant amount of cervical dilation, but was having uterine labor. She had artificial rupture of membranes and Pitocin augmentation. She was 2 cm, and 2 contractions every 5 minutes. At 4 hours, we elected to put an intrauterine pressure catheter in and at 8 hours, she continued to be 2 cm. She had intermittent late decelerations, but overall reassuring fetal status. We discussed options and elected to proceed with cesarean section remote from delivery.

DESCRIPTION OF PROCEDURE:
The patient was taken to the operating room where epidural anesthesia was found to be adequate. She was prepped and draped in usual sterile fashion in the dorsal supine position with a leftward tilt. Pfannenstiel skin incision was made and carried through to the underlying fascia with a linear. The fascia was incised in the midline. The fascial incision extended laterally with the Bovie cautery. The inferior aspect of fascial incision was grasped with a Kocher, elevated, and the underlying rectus muscles were dissected off sharply. Attention was turned superiorly, which in a similar fashion, the rectus muscles were dissected away. Rectus muscles were separated in midline. The peritoneum identified and entered sharply. This incision was extended superiorly and inferiorly with good visualization of bladder. The Alexis retractor was placed. The vesicouterine peritoneum was created and the bladder was taken out of the field of operation. The lower uterine segment was incised in transverse fashion with the scalpel. This incision was extended laterally with bandage scissors. The fetal vertex brought into the incision, delivered atraumatically. Nose and mouth were bulb suctioned. Cord was clamped and cut. The infant was handed off to the awaiting nurse practitioner, who gave him Apgars of 8 and 9. The placenta delivered with expression and was noted to be normal. The uterine incision was closed with an #0 Polysorb suture noted to be hemostatic. The vesicouterine peritoneum was reapproximated using #2-0 Polysorb suture. The gutters were cleared of all clots and debris, and the Alexis retractor was removed. The anterior peritoneal peritoneum was reapproximated using a 2-0 Polysorb suture. The musculature was reapproximated using a 2-0 Polysorb suture in a running fashion. The subcutaneous tissue was closed using a 2-0 Polysorb and the skin closed using a 4-0 Polysorb. She tolerated the procedure well. All counts were correct. She did receive Ancef and had received 4 doses of ampicillin for GBS positive status. She was taken to the recovery room with her infant in good condition.

DICTIONARY: JULIE S HAGER, MD

electronically signed by Hager, Julie S, MD at 1/14/2014 8:57 AM

END OF REPORT

OKLC HEALTH INFORMATION
MANAGEMENT
4300 W Memorial

Printed by 61002 at 7/6/18 12:54 PM

Patient # 3

Moments of Bliss Midwifery Services LLC

Consent for Care

I hereby request enrollment with the midwife mentioned below to receive maternity care for my current pregnancy with the following understandings:

1. Physical Examinations I authorize any member of the midwifery team staff to perform physical examinations on my person to confirm genital health and pregnancy status, obtain the usual specimens, and perform the usual diagnostic procedures for the purposes of providing maternity care.
2. Authority to provide care I authorize any member of the midwifery team staff to perform, administer and provide as necessary to me and my baby:
 - (a) Health care and education related to pregnancy
 - (b) Obtaining of blood or other specimens for laboratory tests
 - (c) Medications as permitted by law such as IV infusions, intramuscular injections, local anesthetics, and prophylactic eye medications
 - (d) "Delivery" of my baby
 - (e) Episiotomy and repair of lacerations related to birth if medically necessary
 - (f) Postpartum care
 - (g) Newborn care
3. Emergency Treatment I authorize any member of the midwifery team staff to provide first aid as necessary in an emergency. When the midwife deems specialized medical care or hospitalization may be necessary, I shall agree to transfer care to a nearby hospital.
4. Student Teaching I understand that midwifery students may be involved in my maternity care. No students shall be permitted to perform any tasks that they are not qualified to perform according to their level of experience. I authorize/I refuse to allow midwifery students to participate in my care.
5. Client's right to withdraw care I understand that I may choose to withdraw care at any point from the midwife mentioned below. I shall provide a written request to terminate care.
6. Understanding of midwife's right to terminate care I understand that the midwife may terminate my maternity care if there are indications that I may not be a good candidate for a safe midwifery birth, if I fail to attend appointments regularly, if I fail to meet the financial agreement, or for other reasons at the discretion of the midwife. I understand that I will be notified in writing of the care withdrawal and referred to another care provider or service to complete my care. I have read and understand the financial agreement and acknowledge that there may be a refund due to me or I may still have a balance owing in the event of care withdrawal by either myself or my midwife.

Client Signature: _____

Date: 5-6-16

Midwife Signature: _____

Date: 5-11-16

Moments of Bliss Midwifery Services

Moments of Bliss Midwifery Services LLC
Dawn Karlin APRN-CNM

INFORMED CONSENT FORM

I hereby acknowledge that I am voluntarily contracting for midwifery services. I have made this decision after being informed that in the course of childbearing, which is a normal human function, medical problems may unpredictably and suddenly arise which may present a hazard to myself and my unborn child. These problems include, but are not limited to, the possibilities of excessive bleeding, infection, convulsions, coma, allergic reaction and respiratory distress. Some other medical problems affecting the fetus and newborn which could occur are cord prolapse and other problems relating to the umbilical cord, congenital abnormalities, fetal distress, malpresentation, immaturity and post maturity, birth injuries affecting the newborn such as the effects of hyperbilirubinemia, blood incompatibility, anomalies, allergies, infections and brain damage which are difficult to recognize and/or are unrecognizable immediately after birth.

I have been informed and understand that personnel, facilities, and equipment for dealing with potential problems that may arise during the course of my labor, and delivery of my child, are available in a hospital, and that in choosing to deliver outside of the hospital, I am taking certain risks for my unborn child and myself. These risks relate mainly to delay in medical treatment for unforeseen childbirth complications to mother or baby requiring transfer to a hospital.

I understand that in the event transport or transfer to a medical facility is necessary, I will be taken to a medical facility and be seen by the physician on call for my care.

My acceptance into the care of a midwife is based on information I have given in my medical history and by remaining low risk based on regular risk assessments throughout this pregnancy. In order for the midwife to attend the delivery of my child, certain care requirements must be met. I will share the responsibility for meeting these requirements as follows:

- I will obtain laboratory tests recommended by my midwife.
- A regular schedule of prenatal visits will be followed.
- If I start labor before 37 weeks or after 42 weeks of pregnancy, the midwife and/or a physician for possible transfer of care will evaluate me.
- I am responsible for choosing a pediatrician to examine the baby within 24-72 hours of delivery.
- I have been informed of the Midwife's training and experience.
- The midwife's training and experience is designed to enable her to assist the mother with as little intervention as possible, in normal labor and delivery where no maternal or infant complications are expected.

PRINT YOUR NAME _____

SIGNED: _____

DATE: 5-6-16

SIGNATURE OF MIDWIFE: _____

Dawn Karlin APRN-CNM

DATE: 5-11-16

Patient # 3

Moments of Bliss Midwifery Services LLC

Moments of Bliss Midwifery Services



Moments of Bliss Midwifery Services LLC
Dawn Karlin APRN-CNM

FINANCIAL AGREEMENT

1. Parties

This agreement is made between Client(s) and Moments of Bliss Midwifery Services LLC.

2. Fees (checks or money orders should be made out to Moments of Bliss Midwifery Services)

Non-refundable deposit of \$500.00 due at 1st prenatal visit which applies to the total fees. The delivery fee is \$2,500.00, which includes:

- ☒ Prenatal Visits
- ☒ Labor, delivery and immediate postpartum care for the mom and the baby.
- ☒ Post-Partum Visits

This fee DOES NOT include:

- ☐ Birth Assistant fee
- ☐ Lab work
- ☐ Birth Supplies
- ☐ Distance Fee
- ☐ Newborn screenings or other tests required by state law
- ☐ Any referred services (e.g. ultrasound)
- ☐ Birth Center Fee

3. Payments: All payments must be received by 36 weeks of gestation, as calculated by the midwife. You will receive a monthly invoice of your outstanding balance. If paying by credit card, there is an additional 3% surcharge for each transaction.

4. Cash Discount: Self-pay clients will receive a 10% (\$250) discount, reducing the birth fee to \$2,250.00, if they pay in full by the 31st week of gestation, as calculated by the midwife. This cash discount only applies to non-insurance patients.

5. Transport

The delivery fee is not refunded after or during the 37th week of your pregnancy or after the onset of your labor (including, but not limited to the rupture of your membranes).

I understand my midwife cannot promise me an out of hospital birth and should the need for transfer to a medical facility become necessary, she and/or a qualified assistant will continue to offer support and will remain through whatever situation develops, because midwife support and advocacy at the hospital are very valuable, and having a knowledgeable person there can make the experience much more successful. I further understand that post-partum care will be available following my discharge.

INITIALS

6. Transferring Care

Should you transfer care prior to 37 weeks of gestation as calculated by the midwife, and prior to the onset of labor (including, but not limited to the rupture of the membranes), the delivery fee will be refunded with the exception of \$600.00 plus \$50.00 per each prenatal visit).

7. Distance: If you live more than 80 miles from the midwife's office, there is an additional charge of \$400.00 for a homebirth to cover additional travel time and expense.

8. Birth Center Fee: The fee to use the facility for birth services is \$500.00.

9. Birth Assistant: You are responsible to hire and pay your birth assistant from an approved list of assistants. A birth assistant is required whether you are planning a home birth or birth center birth.

10. Insurance: If you have insurance or health care coverage, my billing service will bill your insurance company or health carrier for you. By entering into this contract, you authorize my billing service to release health information to your insurance company or health carrier for the purpose of processing your claims. My billing service may bill your insurance company or health carrier for the following services related to your care including, but not limited to: Initial visit, lab work, OB global fee including delivery, intrapartum care, birth assistance, facility fees, supplies, iv therapy, newborn exams & PKU, postpartum home visits.

When we bill clients directly, we standardize services into the birth fee. However, when we bill insurance and health carriers, we itemize services in accordance with the insurer's claims payment structure, which may require billing the insurance company in excess of the standard \$2,500.00 fee. Due to repeated claims processing and tracking expenses, it is more costly to bill insurance than it is to collect directly from the clients. We have the right to accept reimbursement from the insurance that exceeds the package fee of \$2,500.00. You are responsible for paying the midwife enough to ensure that the minimum reimbursement is \$2,500.00, regardless of insurance reimbursement. If your insurance company denies your claims, you are responsible for paying the entire package fee of \$2,500.00.

If, upon verification of benefits, your insurance company is likely to pay, we agree to only collect your deductibles for you and your baby, and approximate co-pay. If your insurance company pays and I find that you have overpaid, you will be refunded accordingly. There is a \$20 charge for the Verification of Benefits through the insurance billing company, Larsen Billing Service. To verify your insurance benefits, visit www.larsenbilling.com. My provider PIN is 12488.

If your insurance company reimburses you directly, which is not uncommon, you agree to cooperate with my billing service. The billing service will determine how much of the reimbursement should be sent to me, and how much, if any, is yours to keep. In this situation, you agree to reimburse me immediately.

11. Disclaimer

We relieve the midwife of any financial responsibility arising from outside medical care. We understand that if our bill is not paid according to the terms of this agreement, our midwife cannot attend our birth unless other arrangements are made in writing. We also agree to assume primary responsibility for the outcome of the pregnancy and birth and to the extent permitted by law, will not hold the practice, midwife or her assistants responsible for outcomes that are a result of complications beyond their control. We view pregnancy and birth as a normal physiological process, and we understand that our midwife is merely acting within her scope by simply assisting and supporting us in our decision to birth our baby out of the hospital.

This is to verify that we have read and understand the above financial agreement and have agreed to fulfill our obligations to Moments of Bliss Midwifery Services LLC, as stated above.

Date 5-5-16

Date _____

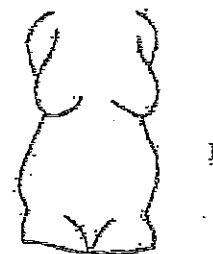
Ultrasound Unlimited, Inc.
2805 South Bryant
Edmond, OK 73013
405-338-2225
www.ultrasoundunlimited.com

Mailing Address:
2712 Shady Tree Lane
Edmond, OK 73013

OB ULTRASOUND

Name _____ Age 30 Date 9/16/16
Referring Physician D. Karlin OB History: pregnancies 2 children 1 miscarriages _____
Reason for exam spotting Fetal Age

<input checked="" type="checkbox"/> Within Normal Limits		NS = Not Seen	Abnormality - See Comments Below
Gestation <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple # _____	Fetus Somatic activity _____ <input checked="" type="checkbox"/> Cardiac activity Respiration _____	Fetal Position _____ Vertex _____ Breech _____ Frank Foot _____ Oblique Head: R: L _____ Transverse Head: R: L Fetal Spine to Maternal R: L Ant Post Sup Inf Position _____ Unstable	
Fetal Anatomy Kidneys: _____ R: L Both _____ Bladder _____ Extremities: _____ 1 2 3 4 Aorta _____ Stomach _____ Ventricles _____ Thalamus _____ Spine _____ Cerv. Head Junc. _____ 3 Cord Vessel _____ Cord Insert _____ Abd. Plac _____ Diaphragm _____ 4 Chamber Heart _____	Anatomic Fluid <input checked="" type="checkbox"/> Normal Increase _____ Decrease _____ Mild _____ Severe _____ AMN _____ cm's	Placenta Anterior _____ Previa _____ Posterior _____ Marginal _____ Fundal _____ Partial _____ % Lateral _____ Total _____ R: L _____ Low Lying _____ Abruptio _____ GRADE 0 I II III Heart Rate <u>162</u> Beats/Min.	



	mm's	weeks	days	Clinical	Ultrasound
Gestational Sac	<u>19.2</u>	<u>6</u>	<u>2</u>		
Crown Rump	<u>8.5</u>	<u>6</u>	<u>6</u>	LMP <u>12/22/15</u>	EFW _____ lbs _____ oz
BPD	<u>7.2</u>	<u>6</u>	<u>2</u>		EFW _____ gm
Head Circ				MA <u>20</u> wks <u>6</u> days	MA <u>6</u> wks <u>4</u> days
Abd Circ				EDC <u>9/27/15</u>	EDC <u>1/5/17</u>
Femur Length					
FLA Ratio					
Cephalic Index				(78.3 +/- 8.8) Ranges	EDC by previous US if applicable

Comments: A viable intrauterine pregnancy is seen. A 2cm Rt ovarian cyst is also seen.

Barbara Pennell RDMS
SONOGRAPHER

This is the sonographer's impression, and is not intended as a diagnosis or an interpretation.

10/31/16 05:10 AM EDT 18562329726 vls vsl-fax

Page 2 of 2 #7099076 BE



BYRAM HEALTHCARE CENTERS, INC.
120 BLOOMINGDALE ROAD
WHITE PLAINS, NY 10605
800-248-4525



REFERRED BY: BREAST PUMP MEDICA
10/30/16 22:02:48 34375505
TOLL FREE FAX: 1-877-702-2883
Pravda

Page: 1
INS: 528

BY SIGNING THIS FORM I CONFIRM THE PHYSICIAN'S SIGNATURE CORRESPONDS TO THE NAME AND NOT LISTED BELOW AND THAT I AM PRESCRIBING THE ITEMS AND QUANTITIES LISTED ON

DAWN KAHN 929 STANTON L YOUNG BLVD WP2438 OKLAHOMA CITY OK 73104	John Kahn 519 W Main Weatherford, OK 73096	BHC# 901505
---	---	-------------

LAST NAME		ID NUMBER
DIAGNOSIS Z39.1		START DATE 10/28/16
ITEMS PRESCRIBED BREAST PUMP ELDT AC AND/OR DC A	CODES E0613	QTY PRESCRIBED TEA/30 days
QTY CHANGES (IF NEEDED)		FORM NUMBER
PLEASE GIVE MEDICAL INSTRUCTIONS TO THE ABOVE SUPPLIES ARE NECESSARY REFILL QUANTITIES AND AMOUNTS TO BE FILLED AS SPECIFIED		
DURATION OF NEED (MONTHS) EQUALS LIFE SPAN 12 unless otherwise noted		

AUTHORIZING PHYSICIAN <i>Pravda</i>		SUPPLIER
PHYSICIAN NAME DAWN KAHN John Kahn	NP# 1225436816 1700431982	SUPPLIER NAME BYRAM HEALTHCARE CENTERS
ADDRESS (STREET NUMBER) 929 STANTON L YOUNG 519 W Main	LICENSE#	ADDRESS (STREET NUMBER) 3010 WOODCREEK DRIVE
CITY/STATE/ZIP WP2438		CITY/STATE/ZIP DOWNERS GROVE, IL 60515
CITY/STATE/ZIP OKLAHOMA CITY OK 73104 Weatherford, OK 73096		Byram Fbx # 8904253
TELEPHONE NUMBER 405-308-4168	FAX NUMBER 580-650-2844	TELEPHONE NUMBER 800-248-4525

PLEASE SIGN AND DATE BELOW:

Physician Signature <i>John Kahn</i>	DATE 11-2-16	PLEASE PRINT PHYSICIAN NAME John Kahn ARN-CNP
---	-----------------	--

FOR RESIDENTS please provide attending physician's information:

NAME	NP#
------	-----

* Maximum quantities allowed unless otherwise noted.
* Please complete any attached forms

BYRAM-EC Rev 1.1.DEF

01/22/2014 16:50 FAX

001

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Edmond, Okla. 73013
405-330-2225
www.ultrasoundunlimited.com

Mailing Address:
2712 Shady Tree Lane
Edmond, Okla. 73013

OB ULTRASOUND

Name _____ Age 30 Date 8/17/17
Referring Physician D. Kachin OB History: pregnancies 2 children 1 miscarriages _____
Reason for exam Fetal Size

= Within Normal Limits		NS = Not Seen	Abnormality - See Comments Below
Gestation <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple <input type="checkbox"/> #	Fetus <input checked="" type="checkbox"/> Somatic activity <input checked="" type="checkbox"/> Cardiac activity <input type="checkbox"/> Respiration	Fetal Position Vertex <input type="checkbox"/> Breech <input type="checkbox"/> Frank <input checked="" type="checkbox"/> Foot Oblique <input type="checkbox"/> Head: R L Transverse: R L Head: R L Fetal Spine to Maternal: R L Ant Post Sup Inf <u>OP</u> Unstable	
Fetal Anatomy <input checked="" type="checkbox"/> Kidneys <input checked="" type="checkbox"/> R L (Both) <input checked="" type="checkbox"/> Bladder <input checked="" type="checkbox"/> Extremities <input checked="" type="checkbox"/> 1 2 3 4 <input checked="" type="checkbox"/> Aorta <input checked="" type="checkbox"/> Stomach	Amniotic Fluid <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Mild <input type="checkbox"/> Severe AFI <u>15.9</u> cm's	Placenta Anterior <input type="checkbox"/> Previa <input type="checkbox"/> Posterior <input type="checkbox"/> Marginal <input type="checkbox"/> <input checked="" type="checkbox"/> Fundal <input type="checkbox"/> Partial <input type="checkbox"/> % <input checked="" type="checkbox"/> Lateral <input type="checkbox"/> Total R L Low Lying <input type="checkbox"/> Abruptio <input type="checkbox"/> GRADE <u>I</u> II III Heart Rate <u>141</u> Beats / Min	

	mm's	weeks	days	Clinical	Ultrasound
Gestational Sac					EFW <u>11</u> lbs
Crown Rump					EFW <u>32.6</u> gms
BPD	<u>47.1</u>	<u>20</u>	<u>2</u>	LMP <u>12/22/15</u>	
Head Circ	<u>173</u>	<u>20</u>	<u>0</u>	MA <u>34</u> wks <u>2</u> days	MA <u>20</u> wks <u>0</u> days
Abd Circ	<u>140</u>	<u>19</u>	<u>0</u>		
Femur Length	<u>32.3</u>	<u>20</u>	<u>0</u>	EDC <u>9/27/16</u>	EDC <u>1/5/17</u>
H/A Ratio	<u>1.20</u>				
Cephalic Index	<u>77.0</u>	(78.3 +/- 8.8) Ranges		EDC by previous U/S if applicable	<u>1/5/17</u>

Comments: Dates were off with first U/S.
Appears to be a 2 vessel cord in most views.
minimal fetal renal dilatation though within normal range.

Barbara Pennell RDMs

SONOGRAPHER

This is the sonographer's impression, and is not intended as a diagnosis or an interpretation.

Moments of Bliss Midwifery Services LLC
Dawn Karlin APRN-CNM
519 W Main St, Weatherford, OK 73096

Consent / Waiver for Vaginal Birth After Cesarean (VBAC)

As you may know, there are risks in any birthing situation whether it is hospital, birth center or home birth. Just being pregnant carries some risks. VBAC carries with it some special considerations that you must be aware of in order to make an informed decision on attempting a VBAC outside the hospital with a Midwife. The following list is designed to help you make an informed decision about attempting to have a vaginal birth after cesarean, also known as VBAC. Your alternative would be to have a repeat cesarean section. Please sign below if you agree with the following statements:

- I understand that I have had one or more prior cesarean(s)
- I understand that my midwife will follow OMA guidelines.
- I understand that I have the option of an elective repeat cesarean with a physician or to attempt a normal vaginal birth in the hospital, or choose to birth out of the hospital with a midwife.
- I understand that approximately 60-80% of women who have had a previous cesarean will successfully give birth vaginally. The success rate increases for those that have already had a vaginal birth.
- The benefits of a VBAC include: decreased blood loss, decreased postpartum complications and a shorter recuperation.
- I understand that there is a higher risk of uterine rupture because of the uterine scar from my cesarean. This risk is increased by the use of medications that are used to augment labor and decreased by natural labor without augmentation.
- I understand that my midwife will not augment or naturally stimulate a VBAC.
- I understand that in the event of a uterine rupture there are risks to myself and to the baby with a higher risk of harm to the baby than to me.
- I understand the risks to me, from uterine rupture, include but are not limited to: excessive blood loss, blood transfusion, hysterectomy, infection, injury to my internal organs (bowel, bladder, ureter), blood coagulation problems and death. These are the same for cesarean birth.
- I understand that the risk of uterine rupture during VBAC in someone like me who has had a prior incision in the noncontracting part of my uterus is around 1%.
- I understand that if I have a uterine rupture there may not be sufficient time to transfer to the hospital to prevent harm to my baby or to me.
- I understand that the exact frequency of death or permanent neurologic injury to the baby when the uterus ruptures is uncertain, but has been reported as high as 50%.
- Contraindications of VBAC outside the hospital are: Classical uterine incision, multiple gestations, more than 2 previous cesarean sections, less than two years (at the time of birth) since cesarean, major uterine surgery, poor health, breech or those that are unwilling to assume the added risks associated with a VBAC labor for themselves and/or baby.
- I understand that if I choose to attempt a VBAC and end up having a cesarean section during labor, I have a greater risk of problems than if I had an elective repeat cesarean section.
- I understand the risks of repeat cesarean section include but are not limited to: blood transfusion, infection, injury to internal organs (bowel, bladder, ureter), injury to the baby, possible hysterectomy, blood coagulation problems or death.
- I understand and assume the added risk for myself and the baby and agree to follow closely the recommendations (including dietary, chiropractic and acupuncture) to stay in the low risk category.
- I understand that my midwife will follow the VBAC guidelines that include encouraging a healthy diet, evening primrose oil beginning at 36 weeks and Cell Salts at 37 weeks. Other homeopathics are occasionally used as well.
- I agree that if my midwife feels that consultation, collaboration or referral of care to a physician is in the best interest of mom or baby, I will comply with her recommendations.
- I have read and understand the above information and have had my questions answered and have received all the information I need to make an informed choice after discussing my options with my midwife.

I agree with the above and want to attempt a VBAC with a Midwife out of the hospital:

Date 10/6/16

Witness

[Signature]

Date 10-6-16

Patient #3

Moments of Bliss Midwifery Services LLC

Factors requiring infant transfer

- ☐ Apgar score less than 7 at 5 minutes.
- ☐ Signs of persistent non-transient respiratory distress.
- ☐ Jaundice within the first 24 hours of birth.
- ☐ Persistent hyper or hypothermia.
- ☐ Persistent hypertonia.
- ☐ Unresolved tremors.
- ☐ Congenital anomaly requiring intervention.
- ☐ Central cyanosis.
- ☐ After the immediate postpartum period an inability to feed, urinate or pass meconium within 24 hours of birth.
- ☐ Unresolved low blood sugar.
- ☐ And/or any other abnormal newborn behavior or appearance which could adversely affect the newborn, as assessed by a midwife exercising skill and knowledge.

- ☐ NO KNOWN RISK FACTORS FOUND.

Date of Risk Assessment: 5-11-16

Midwife Signature:

[Handwritten Signature]

Date of Risk Assessment: _____

Midwife Signature: _____

Date of Risk Assessment: _____

Midwife Signature: _____

Evidence Based Birth®

Evidence for the Vitamin K Shot in Newborns

© March 18, 2014 by Rebecca Dekker, PhD, RN, APRN of www.EvidenceBasedBirth.com

Vitamin K deficiency bleeding, thought to be a problem of the past—has been recently thrust back into the spotlight. During an 8-month period in 2013, five infants were admitted to Vanderbilt Children's Hospital in Nashville, Tennessee, with life-threatening bleeding. The infants were diagnosed with late Vitamin K deficiency bleeding (VKDB)—four of the infants had bleeding in the brain, and one had bleeding in the intestines. Although the five infants survived, two required emergency brain surgery to save their lives, one has severe brain damage (a stroke with right-sided paralysis and severe cognitive delays), and two have mild to moderate brain injuries (Personal communication, Dr. Robert Sidonio, 2014).

What did these infants have in common? The infants ranged in age from seven weeks to five months old; three were male and two were female. Three of the infants were born in hospitals, and two were born at home. All of the infants were exclusively breastfed. Most importantly, what these infants had in common was that all of their parents had declined Vitamin K shots at birth.

Concerned by this outbreak, the hospital asked the Centers for Disease Control (CDC) to look into the situation. Researchers from the CDC examined Tennessee hospital records and found that between the years 2007 and 2012, there had been zero cases of Vitamin K deficiency bleeding out of more than 490,000 births. They randomly sampled records from babies born at three Nashville hospitals and found that 96.6% of infants received Vitamin K injections. In contrast, ~~only 72% of infants born in local freestanding birth centers received Vitamin K~~ (Warren, Miller et al. 2013).

When the parents of the five infants were asked why they had declined Vitamin K, their reasons for declining included: concern about an increased risk for leukemia, a belief that the injection was unnecessary and "unnatural," and a fear that their infant would be exposed to toxins in the shot. Only one of the families was aware that life-threatening bleeding was a possibility if they declined the injection (Warren, Miller et al. 2013; Personal communication, Dr. Robert Sidonio, 2014).

Disclaimer: *Nothing in this article shall be construed as advice from a healthcare provider (i.e. midwife, nurse, nurse practitioner, doctor, or lawyer). This article is strictly informational. It is general information that may not apply to you as an individual, and is not a substitute for your own healthcare provider's medical care or advice. If you need someone to examine you or discuss your pregnancy or baby's health, see a midwife, nurse practitioner, or doctor.*

11/23/2016 14:05 FAX

0001

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Edmond, OK 73013
405-338-2725
www.ultrasoundunlimited.com

Mailing Address
2712 Shady Tree Lane
Edmond, OK 73013

OB ULTRASOUND

Name: _____ Age: 30 Date: 11/16/16
Referring Physician: Dr. Karpin OB History: pregnancies 2 children 1 miscarriages
Reason for exam: Fetal size - check for 2 or 3 vessel cord
Within Normal Limits ☒ NS - Not Seen ☐ Abnormality - See Comments Below

<p>Gestation</p> <p><input checked="" type="checkbox"/> Single</p> <p><input type="checkbox"/> Multiple</p> <p>#</p>	<p>Fetus</p> <p><input checked="" type="checkbox"/> Spontaneous activity</p> <p><input checked="" type="checkbox"/> Cardiac activity</p> <p><input checked="" type="checkbox"/> Respiration</p>	<p>Fetal Position</p> <p><input checked="" type="checkbox"/> Vertex</p> <p><input type="checkbox"/> Breech</p> <p><input type="checkbox"/> Frank</p> <p><input type="checkbox"/> Foot</p> <p><input type="checkbox"/> Oblique</p> <p>Head: R L</p> <p>Transverse: R L</p> <p>Head: R L</p> <p>Fetal Spine to Maternal: R L Ant Post</p> <p>Sup Inf</p> <p>Position: R L D Unstable</p>
<p>Fetal Anatomy</p> <p><input checked="" type="checkbox"/> Kidneys</p> <p><input checked="" type="checkbox"/> R L Both</p> <p><input checked="" type="checkbox"/> Bladder</p> <p><input checked="" type="checkbox"/> Extremities</p> <p><input checked="" type="checkbox"/> 1 2 3 4</p> <p><input checked="" type="checkbox"/> Aorta</p> <p><input checked="" type="checkbox"/> Stomach</p> <p><input checked="" type="checkbox"/> Ventricles</p> <p><input checked="" type="checkbox"/> Thalamus</p> <p><input checked="" type="checkbox"/> Spine</p> <p><input checked="" type="checkbox"/> Cerv. Head Inc.</p> <p><input checked="" type="checkbox"/> Cord Vessel</p> <p><input checked="" type="checkbox"/> Cord Insert</p> <p><input checked="" type="checkbox"/> Abd. Plan</p> <p><input checked="" type="checkbox"/> Diaphragm</p> <p><input checked="" type="checkbox"/> 4 Chamber Heart</p>	<p>Amniotic Fluid</p> <p><input checked="" type="checkbox"/> Normal</p> <p><input type="checkbox"/> Increase</p> <p><input type="checkbox"/> Decrease</p> <p><input type="checkbox"/> Mild</p> <p><input type="checkbox"/> Severe</p> <p>AFI 2.1 cm's</p>	<p>Placenta</p> <p><input checked="" type="checkbox"/> Anterior</p> <p><input type="checkbox"/> Posterior</p> <p><input type="checkbox"/> Fundal</p> <p><input type="checkbox"/> Lateral</p> <p><input type="checkbox"/> R L</p> <p><input type="checkbox"/> Low Lying</p> <p><input type="checkbox"/> Previa</p> <p><input type="checkbox"/> Marginal</p> <p><input type="checkbox"/> Partial</p> <p><input type="checkbox"/> Total</p> <p><input type="checkbox"/> Abruptio</p> <p>GRADE 0 I/II III</p> <p>Heart Rate 141 Beats/Min.</p>



Measurements

	mm's	weeks	days	Clinical	Ultrasound
Gestational Age					
Crown Rump				4/14/16	EPW 4 lbs 9 oz
BPD	87.5	32	6		EFW 2011 gms
Head Circ	297.6	32	6		
Abd. Circ	255.5	32	6	MA 32 wks 6 days	MA 32 wks 6 days
Femur Length	63.5	33	0	EDC 1/5/17	EDC 1/5/17
H/A Ratio	1.03				
Cephalic Index	79.00	(78.3 - 8.8) Ranges		EDC by previous US if applicable	1/5/17

Comments: There is a 2 vessel cord - mild
A AFI - slight irregular heart beat
though baby was moving a lot.

Barbara Pennell RDMs

SONOGRAPHER

This is the sonographer's impression, and is not intended as a diagnosis or an interpretation.

State's Exhibit "2"

Patient #1

Respondent: Dawn Karlin, APRN-CNM (DK)
 Assistant: Brandy Harris (BH)
 Ultrasound: Barbara Pennell, RDMS (BP)

Date	Day	Time	Location	Author	Page No.	Event(s)/Finding(s)
04/11/16	Monday	3:15pm	Office	DK	4-5	New OB visit, physical exam, labs. Uncertain LMP due to lactation induced amenorrhea resulted in an estimated expected due date (EDD) of 11/02/2016. Orders documented to schedule an ultrasound apt. with Ultrasound Unlimited next week. Next visit date was set for 05/09/16.
05/05/16	Thursday		Ultrasound Unlimited	BP	21,41	OB Ultrasound EDD was adjusted and sonographer noted baby measures "4 weeks less than by LMP"
06/02/16	Thursday	3:11pm	Office	DK and BH	5	Office visit. EGA now 14 weeks and 1 day by 1 st trimester ultrasound. Fetal movement is documented for "maybe a week or two ago". Next visit date was set for 07/01/16.
07/01/16	Friday	9:23am	Office	DK	5	EGA now 18 weeks 2 days, 3 pound weight gain, trace proteinuria and a fundal height c/wd. Next visit date was set for 07/28/16.
07/20/16	Wednesday		Ultrasound Unlimited	BP	20,40	OB Ultrasound for "fetal size". Fetal position is footling Breech with an anterior placenta. EDD by this scan is 11/20/16 vs. previous scan of 11/30/16.
07/28/16	Thursday	10:56am	Office	DK and BH	5-6	EGA now 22 weeks 1 day, proteinuria increase to +1, urine ketones +1, weight gain of 5 pounds, fatigue and a fundal height measurement (24.5cm) greater than dates (22.1weeks), supporting fetal size greater than estimated gestational age. PT#1 reported having an US, but forgot to bring the report to this appointment. Next visit date was set for 08/24/16.
08/24/16	Wednesday	10:11am	Office	DK and BH	6	EGA now 26 weeks. Fundal height measurement (29cm) is greater than dates (26weeks), supporting fetal size greater than estimated gestational age. Visual disturbances are also noted by "needing to wear glasses". A diagnosis of PUPPS is documented and dandelion and Zyrtec is ordered. Urine test resulted trace protein, blood and ketones. Documentation of "No" pre-E sign/symptoms is made. Next visit is set for 09/22/16.
09/22/16	Thursday	10:58am	Office	DK and BH	6	EGA now 30 weeks 1 day, with a fundal height (FH) of 31cm. Fetal presentation is breech, there is a 5 pound weight gain, elevated maternal heart rate, urine ketones, continued visual disturbance "a little worse, thinks glasses prescription has changed", new onset of GI signs/symptoms of a little regurgitation....and Fatigue. Next visit is set for 10/17/16.
10/17/16	Monday	12:15pm	Office	DK and BH	7	EGA is 33 weeks and 5 days. Weight gain of 3 pounds, continued elevated heart rate, complaints of new onset headaches, fatigue, occasional contractions and a vertex fetal presentation. Next visit is set for 11/10/16.

EXHIBIT

2

Date	Day	Time	Location	Author	Page No.	Event(s)/Finding(s)
11/03/16	Thursday	7:24am	Text msg		103	PT#1: reports trying to rest but contractions kept coming and progress with activity, getting painful, every 2 minutes. BH: asks how PT#1 is doing and if she needs support yet?
11/03/16	Thursday	7:36am	Text msg		103-104	PT#1: reports she is OK for an hour or two, but wanting to be checked and see where she is. BH: Responds (7:39am) OK-I'm on my way now, takes about 75 min or so to get there. PT#1: agrees.
11/03/16	Thursday	8:42am	Home	DK	17	Home visit s/o patient reports uterine contractions for the past 12 hrs. started out every 10min, lasting 25sec, now every 2-4min lasting 45-50 sec, still able to walk and talk and is chatty between contractions. Cervical exam of 2cm, 70% and -2 fetal stations. DK reviewed pregnancy data with PT#1 noting LMP is uncertain, pregnancy dated by a 10-week ultrasound, with an ultrasound at 22 weeks that is consistent with 36-37 weeks gestation. DK discussed that at 36 weeks and 1 day, her baby is late preterm and may be ready to be born and breathe okay on its own, but also might need extra help and would have to transfer to the hospital if more support was needed than could be done at home. DK recommends transfer to hospital now, while laboring before baby is born as a safer option. Documentation reads "after consideration, PT#1 declines transfer at this time and would like to labor and birth at home, stating that she realized baby may have to go to the hospital after birth. GBS status is unknown and patient is laboring prior to 37 weeks, so prophylaxis is recommended and with pt. agreeable, Rocephin 1gm is given intramuscularly at 0900 a.m.
11/03/16	Thursday	10:39am and 12:15pm	Text msg	BH: asks Pt #1 how are you doing.	104-105	PT#1: reports taking a nap, just woke up (12:15pm), contraction have been a lot less intense..but hopeful they intensify so we can get this show on the road. BH: responds, OK, maybe have been just a strong practice round.
11/03/16	Thursday	3:29pm-6:28pm	Text msg		106-107	BH: asks PT#1 how are you doing? 6:28pm BH asks PT#1 if she wants her to stop in and check on her before she heads home...I'll probably just head your way and do that PT#1: reports being super tired, still stuck in that contractions every 2-3 minutes, 30 sections long. I'm just not progressing at all.
11/03/16	Thursday	7:05pm	Home	DK	7-8	Home visit s/o patient complaints that after having a nap this afternoon uterine contractions spaced out, became irregular and mild like Braxton Hicks, stating she is disappointed. DK encouraged PT#1 that her baby would come when he is ready and that the extra time helps his lungs have time to develop. Fetal presentation is documented as ROT/right occiput transverse (previously ROA earlier today, after vertex follow a breech presentations). A home visit was scheduled for (1 week) next Thursday and

Date	Day	Time	Location	Author	Page No.	Event(s)/Finding(s)
11/03/16	Thursday	7:05pm	Home	DK	7-8	PT#1 was ordered to call with any questions or concerns or labor before then.
11/04/16	Friday	10:07am - 10:26am	Text msg		107-110	PT#1: reports that at 3 am the contractions started again, 5 minutes apart, lasting about a minute. She reports her water hasn't broken, and that she feels super frustrated. She acknowledges being in pain for almost 24hrs, asking if this happens to other people? She then reports feeling out of control and super overwhelmed. She states her biggest concern is how long this "practice contractions stage can last" asking if she could do this for a month and a half? PT#1 responds that she doesn't think anything is really changed and that "you would see PT#1 in a really negative mental place" (if you came to check on me). PT#1 reports it hitting her Achilles heel, being out of control and not knowing when or how long this is all going to last is becoming super emotional for me. BH: Responses yes the start and stop of prodromal labor happens to lots of ladies, acknowledges its super frustrating and that every five minutes lasting a minutes, "sounds like progress though!" BH asks if "you need us to come check on you?" stating she doesn't think PT#1 would be doing this for a month and a half, but some have the on and off for several days to several weeks. BH recommends (and provides directions for) an Epsom salt bath and to relax. She further advises PT#1 to "let us know how you are after that, and that there is no control in this, let go and let it happen".
11/05/16	Saturday	10:54am	Text msg		112-116	PT#1: reports last night at 8pm, her mucus plug came out and since then consistent contractions, but "my water has not broken" and "I am just super tired and in a ton of pain". PT#1 reports bloody mucus, contractions five minutes apart, lasting a minute. PT#1 is at a seminar, but reports that she doesn't know that she will stay the whole time (1-4p). PT#1 reports that she has been worried about baby's movement, and that last night she tested it by drinking ice water and being really still and he only checked it twice in about 2 hours. PT#1 agrees to text BH when she is home. BH: responds, how close are they now? Lasting how long? was your mucus plug bloody or just mucus and is baby moving. BH responds, "that's a great sign for progress, do you want someone to come check on you?" BH advises PT#1 to "let us know when you are home and want someone to come and asks again if baby is moving good? BH recommends kick counts after drinking something cold and sweet and that baby should move 10 times in 2hrs or less. She further recommends checking on baby with a Doppler and asks when PT#1 will be headed home? BH: acknowledges, sooner is better to make sure PT#1 and baby are both ok.
11/05/16	Saturday	12:54-1:19pm	Text mgs		117	PT#1 reports contractions got too intense so she is on her way home. BH responds: "Ok, I'll see ya in a bit, 20min"

Date	Day	Time	Location	Author	Page No.	Event(s)/Finding(s)
11/05/16	Saturday	2:00pm	Home	DK and BH	7-8	<p>Home visit at 36 weeks and 3 days s/o patient complaints of decreased fetal movement in the last 24 hrs. and irregular but painful contractions. PT#1 states that she has been using the breast pump in the last 36 hrs. to encourage labor to pick up.</p> <p>DK documents stable vital signs; no s/sx of distress and that PT#1 declines a vaginal exam. DK orders continued rest, nourishment, hydration and normal daily activity along with miles circuits and pelvic rocks to encourage better fetal positioning. DK requested that PT#1 abstain from pumping and allow her body and baby to set the pace.</p> <p>Maternal and fetal assessment was incomplete with documentation lacking maternal weight, urinalysis and fundal height. Estimated fetal weight is 9 pounds. Fetal is noted as +. Next visit was set for "Thursday", 5 days away.</p>
11/05/16	Saturday	8:38pm	Text msg		117-119	<p>PT#1: reports feeling flu-ish, body achy and having a little bit of a fever, 100.5, and fine now, but did feel feverish on Thursday. PT#1: states is definitely not mastitis, as she had that so it must be a virus.</p> <p>BH: asks about her temp, how are your breasts, red tender lumps, advising that mastitis can feel like this or a virus. BH: asks about vitamin C to take and Tylenol for the temp, and needing sleep that would make her feel better.</p>
11/06/16	Sunday	7:45am	Text msg		119-121	<p>PT#1: reports "I need to have a real conversation. I just had my fourth night of not sleeping and dealing with 10+ hrs. of mild to moderate contractions. I just don't know how much longer I can do this". "Do I have to option of calling uncle, since I don't have insurance, will the hospital even see me, since my water hasn't broken? PT#1 agrees for BH to come check and that she will send Pt#1's husband to go by Akins later.</p> <p>BH: offers to come check on you, your cervix, and baby? BH states the hospital will see you, but they won't keep you if you aren't in labor, and your water hasn't broken. BH recommends supplements to get some rest, black haw or cramp bark to ease contractions and for rest, plus valerian root. BH reports that she will go check on PT#1; be there around 9:30am.</p>
11/06/16	Sunday	9:44am	Home	DK	8	<p>Visit today, s/o complaints of not sleeping well for the past 4 nights due to frequent contractions, which PT#1 describes as mild to moderate and is tired and discouraged. PT#1 reports feeling achy and possibly having a virus with temp of 100.5 yesterday evening. EGA is 36 weeks 4 days. Mild edema, elevated maternal pulse, reports of passing a bloody mucus plug on Friday, fatigue, anxiety, discouraged feelings and exhaustion. Cervical exam today, is 2cm, 50%, -4 fetal station. DK documents her offer to "transfer</p>

Date	Day	Time	Location	Author	Page No.	Event(s)/Finding(s)
11/06/16	Sunday	9:44am	Home	DK	8	care to Ob/Gyn at her request if desired", but notes PT#1's decline at the time. DK sets follow up for a home visit on Thursday or sooner prn. She encourages Black haw bark to relax uterus so she can rest, and recommends valerian root for sleep.
11/06/16	Sunday	5:34pm	Text msg		121-123	PT#1: reports taking three doses of the "medicine and unfortunately it still hurting", contractions started getting worse about an hour ago. BH: asks if PT#1 took an Epsom salt bath this evening and then the valerian to help sleep or the Tylenol pm? PT#1: reports just got done with the shower (event) and that she will take an Epsom salt bath and the medicine BH brought over to help her sleep. BH: Asks, "so you haven't really had a chance to rest yet? PT#1: reports resting for about an hour after BH left...then getting ready for the shower. BH: advises that PT#1 take a bath, then the black haw bark again to get some relief if you need it.
11/07/16	Monday	4:08am	Text msg		124-125	PT#1: reports waking up at 3am with contractions, a minute to two minutes apart, lasting 45 minutes, asking if that is ok..and mentions her water broke and "has fibers in it". BH asks, "like vernix and hair stuff? PT#1: responds yes, and the water is like the color of Pepsi. BH asks for a picture text, which PT#1 sends to her.
11/07/16	Monday	4:45am	Text msg		127-128	PT#1's husband takes over texting and reports floating baby poop in the tub, asking if that is ok. BH: asks if the baby is moving, has the baby done a big flip in the last day or so.stating sometimes breech babies do that. PT#1's husband reports no to both movement and a big flip flop and reports a big bubblegum pink mucus thing coming out, is that okay? BH inquires if it is mucus and is everything else okay? Pt#1's husband adds, "just a lot of brown". BH advises she is 45 min. away. Advising if there is that much poop, I wonder two things is baby doing ok and is baby breech. For either of those we need to go to the hospital so Pt#1's husband can you get a bag ready? Pt#1's husband reports a bag is ready and that PT#1 doesn't know if the baby is ok.
11/07/16	Monday	5:02am	Phone call		32-33	A call is made to Pt#1's husband, and then to Mercy OKC Ob triage nurse Holly with report that PT#1 is en route with ruptured membranes and lots of meconium.
11/07/16	Monday	5:50am	Mercy OKC	Dr. Bishop	247	DK arrives to hospital; MD is attempting to locate fetal heart tones with ultrasound. MD reports legs in the vagina, no fetal heart tones and orders emergency repeat cesarean.
11/07/16	Monday	6:19am	Mercy OKC		17	Infant is delivered via emergency cesarean, breech presentation with nuchal cord x 5. Newborn resuscitated and taken to NICU then transferred to OU medical center for head cooling. Infant passed away at midnight.

Patient #3

Respondent: Dawn Kariin, APRN-CNM (DK)
Assistant: Lauren Scarbrough (LS)
Ultrasound: Barbara Pennell, RDMS (BP)

Date	Day	Time	Location	Author	Page No.	Event(s)/Finding(s)
05/12/16	Thursday	10:12am	Office	DK and LS	367	EGA: 9 weeks, complains of brown spotting with some bright red spotting yesterday, back hip or pubic pain, fatigue, nausea, round ligament pain. BP 124/86. Urine: +blood, trace leukocytes. Next appointment June 9, 2016. Documentation one day late.
05/16/16	Monday		Ultrasound Unlimited	BP	396, 414	EDG 6 weeks 4 days, EDC: 01/05/17. A viable intrauterine pregnancy is seen; A 2cm right ovarian cyst is also seen.
06/09/16	Thursday	10:13am	Office	DK and LS	367-368	EGA: 9 weeks, 3 days with a 6-pound weight gain, fundal height consistent with dates. Positive fetal heart rate. Trace protein. Patient complains of GI symptoms and diarrhea yesterday. Continues to complain of back hip and pubic pain. Seeing chiropractor and starting massage. Complains of nausea. Documentation one day late. Return appointment July 7, 2016.
07/06/16	Wednesday	11:49am	Office	DK and LS	368	EGA: 13 weeks, 6 days, incomplete blood pressure documentation. 3 pound weight gain, trace protein, complains of GI symptoms, nausea, and abnormal vaginal discharge that is greenish mucus but denies pain or itching and feels the discharge is normal. Back/hip/pubis pain continues seeing Dr. Duncan for chiropractic care. Patient complains of having some aching lower abdominal pain when waking. Feels better after urinating and being awake moving around. Trace leukocytes, next appointment August 4, 2016.
08/04/16	Thursday	11:32am	Office	DK and LS	368-369	EGA: 18 weeks. Patient complains of headache with a bad headache the other day, took Tylenol. Continues to complain of nausea with vomiting one day before lunch she feels like she let her blood pressure dropped too low, reflux. Back/hip/pubis pain continues S1 joint per chiropractor, yoga massage. Complains of fatigue. +1 leukocytes, next appointment September 8, 2016.
08/17/16			Ultrasound Unlimited	BP	395, 416	2 nd trimester U/S, 20 weeks, and 0 days, EDC: 01/05/17, dates were off with first U/S, appears to be a two-vessel cord in most views, minimal fetal renal dilatation though within normal range.
09/09/16	Friday	10:08am	Office	DK and LS	369	23 weeks, 1 day. 6-pound weight gain, trace proteinuria. Continues seeing Dr. Duncan for chiropractic care. Complains of a little tightening with round ligament pain during walking. Urine +1 leukocytes. Next appointment October 6, 2016.

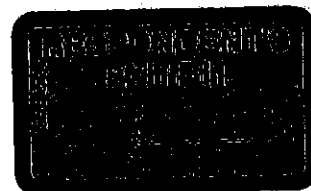
Date	Day	Time	Location	Author	Page No.	Event(s)/Finding(s)
10/06/16	Thursday	3:09 pm	Office	DK and LS	369-370	EGA: 27 weeks. 10-pound weight gain and trace proteinuria continues. Continued complaints of headache, but goes away with hydration. Complains of constipation, taking probiotics, +back/hip/pubis pain continues, going to the chiropractor. Complains of fatigue. Next visit October 27, 2016.
10/27/16	Thursday	11:18am	Office	DK and LS	370	EGA: 30 weeks. +proteinuria continues, complains pelvis was hurting after walking around downtown, saw chiropractor feels better today. Occasional contractions, trace leukocytes. Next visit November 10, 2016.
11/10/16	Thursday	4:32pm	Office	DK and LS	370-371	EGA: 32 weeks, mild edema, trace protein remains, 10-point increase in diastolic blood pressure. Complains of fatigue, occasional contractions and carpal tunnel symptoms. Complains of edema in her feet and some tightening and mild pressure like contractions. Next visit November 23, 2016.
11/16/16			Ultrasound Unlimited	BP	394, 477	3 rd Trimester US 32 weeks, 6 days, EDC: 1/5/17, AFI 21.8cm.
11/23/16	Wednesday	1:47pm	Office	DK and LS	371	EGA: 33 weeks 6 days maternal pulse 119, tachycardia. Trace proteinuria continues, back/hip and pubic pain remains with fatigue. Occasional contractions feeling like Braxton Hicks last week nothing strong just feeling tightness, +3 ketones +2 leukocytes. Next visit December 5, 2016.
12/05/16	Monday	2:15 pm	Office	DK and LS	371-372	EGA: 36 weeks 4 days omitted weight, heart rate remains above 105 bpm, maternal diastolic pressure remains above 80 mmHg. Omitted urine assessment, back/hip/pelvic pain continues. Complains of nausea. GBS culture today. Next visit December 15, 2016.
12/07/16	Wednesday				376	GBS Culture +
12/15/16	Thursday	9:58am	Office	DK and LS	372	EGA: 37 weeks, diastolic blood pressure remains above 80, maternal heart rate now 110 and tachycardia, again urine is not assessed. Complains continue with back/hip and pubic pain, seeing chiropractor. Patient complains of being nervous and scared for birth, complaints of nausea and occasional contractions. Patient also a little worried about changing movements but has been able to do counts for reassurance without difficulty. Next visit December 22, 2016.
12/22/16	Thursday	10:22am	Office	DK and LS	372-373	EGA: 38 weeks. Patient complains of occasional chunks of mucus and of pain around sacrum and pubic synthesis but continues seeing chiropractor. Patient has been irritable with fatigue occasional contractions. Next visit December 29, 2016.
12/29/16	Thursday	9:13am	Office	DK and LS	373	EGA: 39 weeks. Continued trace protein. Pelvic discomfort and achiness continues with nausea and occasional contractions, less frequent but stronger, +1 leukocytes. Next visit January 3, 2017

Date	Day	Time	Location	Author	Page No.	Event(s)/Finding(s)
01/03/17	Tuesday	10:01am	Office	DK and LS	373-374	EGA: 39 weeks, 5 days, diastolic blood pressure again above 80 mmHg, trace protein continues. Patient complains occasionally feeling on verge of a headache but goes away when she eats or drinks something back/hip/publi pain remains, seeing chiropractor weekly, still with nausea. Occasional contractions, feet and finger edema noted, trace ketones. Next visit January 10, 2017.
01/10/17	Tuesday	10:10am	Office	DK and LS	374	EGA: 40 weeks, 5 days edema continues, cervical exam not done. Complains of loose stools. Complains of abnormal vaginal discharge, reddish brown mucous plug this morning about a quarter size. Practitioner reports fetus is vertex, nausea, occasional contractions and edema in the hands. Next visit January 16, 2017. Practitioner's documentation 6 days late.
01/16/17	Monday	1:10pm	Office	DK and LS	374-375	EGA: 41 weeks 4 days systolic blood pressure now elevated, cervical exam-closed, 60% effaced/-2. Patient has chiropractic and acupuncture appointment tomorrow, is really emotional today about wanting labor to start, fatigue, occasional contractions, and +2 leukocytes. Practitioner's plan is to continue expectant management with recommendations for a biophysical profile in the next couple days, Foley bulb for labor is encouraged. Herbal/homeopathics for labor or transfer of care to hospital. At this time she elects to do Foley bulb and will consider herbals and homeopathics over the next couple of days, she will keep appointment for acupuncture and chiropractic care tomorrow if not in labor. Practitioner placed Foley bulb intracervically and advised patient to let her know when the bulb falls out. Next visit January 18, 2017.
01/16/17	Monday	6:30pm	Text msg	DK	375	Foley bulb is out so practitioner made plans to go to see Patient after clinic. 8:13 p.m.: CX: 5cm, 80%, -2, swept membranes, advised Patient #3 to call with 4-1-1 pattern or sooner.

Respondent's Exhibit "1"

Brandy R. Harris

10024 NW 141st St, Yukon, Oklahoma 73099 • (405) 326-4800 • DoulaBrandy@gmail.com



Education

- MIDWIVES COLLEGE OF UTAH, Salt Lake City, ASM anticipated completion 2019
- BIRTH ARTS INTERNATIONAL, Reidsville, NC, Midwife Assistant certification, 2014
- OKLAHOMA STATE UNIVERSITY, Oklahoma City, Pre-Nursing curriculum completed in 2010
- DOULAS OF NORTH AMERICA (DONA), Birth Doula Certification completed in 2007

Training & Certifications

- Healthcare Provider CPR (current)
- Neonatal Resuscitation (current)
- Birth Emergency Skills (B.E.S.T) Training 2013, 2018
- Evidence Based Birth "Big Babies" Training 2013
- HypnoBirthing-The Mongan Method. Certification., 2011-2018
- Certified Lactation Counselor Training, 2015
- Breastfeeding Educator Certification 2010, 2013
- WIC Breastfeeding Symposium 2007, 2009, 2013
- DONA Birth Doula Training 2002

Work History

WILLOW BIRTH SERVICES, Owner, Oklahoma City, Oklahoma

April 2005-Present

Birth Doula, DONA Certified

- Assists pregnant women and partners in preparing for and carrying out preferences for birth.
- Provides emotional support, physical comfort measures and an objective viewpoint.
- Offers evidence based information that contributes informed decision making with partner and provider.
- Provides community resources for education and continued support in preparation for birth, postpartum, infant care and feeding.
- Facilitates positive communication between birthing woman, partner and her care provider(s)

Midwife's Assistant, Birth Arts international & Apprentice Trained

March 2013-Present

- Assists out of hospital Midwife w routine prenatal, postpartum & well woman care.
- Assists out of hospital Midwife w care & management during labor, birth and immediate postpartum.
- Assists out of hospital Midwife in the routine care & management of newborn birth-6 weeks.
- Can perform routine newborn assessment
- Can perform clinical tasks such as: Vitals, cervical examination, venipuncture, drawing and administration of medications.
- Provides emotional and physical support of mother and partner.
- Assists in set up, break down and cleaning of labor & birthing equipment and environment.
- Assists in maternal & newborn emergency management.

Professional Affiliations

Member, Oklahoma Midwives Alliance, Midwives Society of Oklahoma, National Association of Certified Professional Midwives (NACPM), Doulas of North America, Doulo Association of Central Oklahoma